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THEORY OF DRUG ACTION.

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The question of the source and nature of the power which certain substances have to influence the human organism for good or ill, in health and disease, is one difficult of solution. Nevertheless it is one which cannot fail to be of interest to the physician. Thanks to the genius and persevering industry of Hahnemann, we have a therapeutic law which enables us to select accurately the proper remedy for a given malady; but why, and how, recovery takes place when the remedy has been administered, he *did not* teach us. We know that *Aconite* will reduce the increased temperature, and subdue the accelerated action of the heart, which are symptomatic of a fever; that *Belladonna* will relieve the pain of a sensitive nerve, and quiet an excited brain—but how do they do so? By virtue of what hidden power or powers are these results accomplished, and what is the nature of this influence?

The science of physiology teaches us that the normal processes of life are maintained and regulated by law, and just so far as we understand and follow these laws will we enjoy sound health. Nothing in nature happens by chance, and when disease occurs in any organ of the body, it is because some law of our being has been violated, or because some new influence, acting in a definite and specific way, is attacking our vital energy. The microscope and other instruments and appliances of modern research have demonstrated that disease also occurs and develops strictly according to law. The phenomena of inflammation, which, in its various stages, is so intimately associated with most organic diseases, are now definitely understood. When, then, a drug is known to produce a given effect, modifying the bodily functions in a special manner, or producing certain fixed and definite alterations of tissue; or when the same conditions exist as manifestations of disease, and the drug modifies them in such a manner as results in a restoration to health, it is rational to infer that it does so according to some definite law, or by virtue of some inherent specific force. On no other hypothesis can we explain the special and peculiar effect of one medicinal substance as differing from another.

It becomes, then, a matter of the utmost interest to try to discover the nature and method of action of this *vis medicatrix*. He is a skillful artisan who understands not only the use of his tools, but knows also the structure and quality of the substance upon which he works, for thus only can he obtain the best results. Likewise the physician must not only know when and how to administer his remedies, but a thorough knowledge of the structure and functions of the body is essential for the recognition of any departure from a healthy standard, and a comprehension of the methods by which a restoration to health may be accomplished.

If we accept the latest teachings of biology, the wonderful and intricate combinations of cell and fibre of bone, nerve and muscle which compose our bodies may, for our purpose, be conveniently simplified by comprising them all under the heads, viz: *living* and *dead* matter; or *forming* and *formed* material. The former is the agent of all vital action. By virtue of its inherent vital force, it appropriates to itself nourishment, and elaborates out of it various organic fluids and solids. It is the "protoplasm" of Huxley, the "bioplasm" of Beale, and to it are due all the phenomena of nutrition, secretion, movement, etc. Health, then, may be defined as a condition of normal protoplasmic activity.

Disease is any disturbance of function or alteration of tissue; but since healthy exercise of function and proper nutrition of the tissues are maintained through the agency of protoplasm, it is clear that morbid manifestations are simply the expression of some irritation of protoplasm, either functional or nutritive. The real essence of almost, if not quite, all organic diseases, is inflammation or fever. In either case we have increased nutritive activity, as shown by the local exudation of *liquor sanguinis* and corpuscles, and the formation of new tissue on the one hand, or the increased general temperature, dependent on the rapid metamorphosis of tissue in the case of fever.

Artificial diseases, characterized by excess or diminution of function, inflammation, and tissue changes, may be produced by the administration of drugs. Hence the action of drugs is directed against the very citadel of life, for since disease and drug produce identical disorders, they must do so by acting upon the same part and in the same way. The object of the attack we have seen to be the protoplasm of the ultimate cells, of which the microscope shows all tissues to be composed. The nature of this action remains yet to be investigated.

Protoplasm is not the same wherever found. It is clear that that which makes bone must have properties essentially different from that which makes nerve, or that which elaborates milk from that which forms bile. We recognize, then, variable susceptibility to irritation. Evidently a bone cell will be influenced by one sort of stimulus, a gland cell by another; and so we have certain drugs which seem to have a special affinity for certain parts of the body, and not for others—as *Phosphorus* for the brain, *Arsenic* for the stomach. Some drug effects are absolute and invariable, being always produced whenever the drug is administered in a certain quantity, while others are variable, and seem to depend on individual susceptibility for their manifestation. The action of *Atropin* in dilating the pupil is an instance of the former kind of action, being always produced whenever administered in an appreciable quantity, but it is only occasionally that it produces a scarlet blush or a sore throat. Here again we see a relation between artifi-

cial and natural diseases; for the same laws of susceptibility hold good in regard to morbid influences upon the organism. Who can say how much miasm in the air will induce a malarial fever; or how large a quantity of the special contagion of scarlet fever is required to excite the disease? And yet that the contraction of an epidemic or infectious disease is dependent upon individual susceptibility is *proven* by the fact that persons often escape when breathing a poisoned atmosphere, or coming in contact with a patient suffering from a contagious disease. But a drug is just as much a poison as a microscopic morbific germ. And since the human system is so often and obviously affected by the latter, and in quantities too minute to be appreciated by any of the senses, it seems unreasonable to deny the power of infinitesimal doses of medicine under the same limitation of individual susceptibility. Prof. Tyndall says that his "retina remained totally unconscious of the presence of rays of light which had twenty thousand million times the energy of others which at once affected his eye, because the periods were not those demanded by the retina; whereas the latter were adapted to its physiological sensibility." Surely, we have here an exact analogue of the action of infinitesimals. And it is thus proven that in the case of the physiological action of light on the retina, it is quality and not quantity, adaptation and not brute force that rules the result; and who will presume to say that the retina and its function follow one law, and all the other organs quite another law?

Having now briefly considered the intimate structure of the body, and having seen the universal supremacy of law—governing all vital action both in health and disease—we have endeavored to show the analogy between natural and artificial diseases. They both primarily affect protoplasm, and the manifestation of their special and peculiar powers depends upon the greater or less susceptibility of the organism to their influence. We have seen also that where this susceptibility exists, an amount of irritation inappreciable to the senses will produce the result.

Let us now turn our thoughts from the pathogenetic to the curative action of drugs.

The physician acting upon the principle of "*Similia*" prescribes a remedy for a diseased condition, whose effects upon the healthy organism are similar to those exhibited by the patient. He thus apparently adds to the irritation already existing, and we should naturally expect an aggravation of the disorder. The usual result of adding fuel to the fire is to increase combustion and the effects of it. The reverse, however, in this case, is the fact, and experience proves that recovery will be brought about the more speedily, the more exact is the correspondence between the symptoms of the drug and of the disease. We must remember that the irritation or stimulus is not *identical*, but only *similar*, for it would be absurd to say that the identical thing that caused the disorder, if administered when the system was already weakened, would be beneficial. We apply cold to a frozen part, and the circulation is re-established. The irritation is very similar, but the *same degree* of cold, if continued, would utterly destroy the vitality of the part. The same is true of the treatment of a burn by the application of heat. If we turn to physics we find analogous phenomena. Sodium when ignited has a yellow flame. If, now, we burn sodium in the yellow light of the spectrum, we should expect that yellow added to yellow would make *double* yellow; but the result is the destruction of the color, and, instead of the yellow band, a black one appears. The science of acoustics also shows how two sounds, instead of blending, and causing a louder sound, actually, under certain circumstances, neutralize one another and cause an interval of silence. The sensations of light and sound are produced by etherial undulations impinging upon retina and membrana tympani, producing impressions which are thence conveyed to the brain by the nerves of special sense. The intensity and quality of light and sound vary according to the rapidity and amplitude of these wave-like undulations. "The sensation of red is produced by imparting to the optic nerve four hundred and seventy-four millions of millions of impulses per second, while the sensation of violet is produced by imparting to the nerve six hundred and ninety-nine millions of millions per second." In like manner, each note of the musical scale requires for its production a certain definite number of sound waves in a second. These analogous phenomena are caused by the interference of the waves of light and sound. Suppose, for example, we have two tuning forks accurately constructed, so as to produce exactly the same note. The vibration of the two will then produce a louder sound than either alone, just as an excess of an *identical irritation* added to an already enfeebled organ will aggravate the disturbance. The forks, to perfectly accord, must make exactly the same number of vibrations per second. Now, if we slightly diminish the number of vibrations of one, and set them in motion at the same instant, what will be the result? Taking an illustration given by Tyndall, we assume that one fork has 256, and the other 255, vibrations in a second. "While these forks are vibrating, we have one gradually gaining upon the other; but, at the end of half a second, one will have made 128 vibrations, while the other will have made 127½. At this point, the two waves are in direct opposition to each other; they are moving in exactly opposite directions, and, as a consequence, the sounds neutralize each other, and we have an instant of silence."

Now, we do not pretend to assert that all vital phenomena can be explained by physical laws, but these facts are certainly suggestive as regards the nature of drug action. Whether the curative effects of remedies are due to similar phenomena of interference, we can not say; but we incline strongly to the belief that drug action is in some way due to molecular activity, and, in support of this opinion, we offer the following propositions:

I. All substances, drugs included, are composed of molecules.

II. Substances differ from each other according as their constituent molecules are unlike.

III. Hence the properties and qualities of a substance must depend upon the properties and qualities of its constituent molecules.

IV. Since the properties of a substance depend upon the nature of the molecules of which it is composed, it follows that the properties of the whole substance must belong, in a greater or less degree, to each individual molecule of the substance.

V. All molecules are in rapid motion, and molecular motion generates force—illustrations of which are heat, light, electricity, magnetism, the interdiffusion of gases, and so forth—the character of the force depending on the character of the motion.

VI. That all drug effects, not mechanical or chemical, but a dynamic influence upon the system, must be due to its molecular activity.

VII. A demonstration of this fact is seen in the efficacy of the infinitesimal doses of homœopathy.

If we acknowledge that the influence is molecular, and bear in mind the almost inconceivable minuteness of molecules, we need exercise little imagination in accrediting to infinitesimal doses curative power.

It has been authoritatively asserted that "there are so many molecules in a drop of water that, if it was magnified up to the size of the earth, each molecule would be somewhat larger than small shot." If we still need further evidence of the efficacy of the small doses, we find it in the fact that the original virtues of the drug are increased by the methods of trituration and succussion employed in making homœopathic attenuations.

I. Since molecular motion generates force, anything which increases molecular activity must increase the force which this activity generates.

II. Friction develops heat; but heat is one expression of molecular motion. Hence friction develops molecular activity, and consequently develops power.

III. When a mass of molecules, all in rapid motion, are crowded together in a small space, each must interfere to a certain degree with the action of the rest. "It is simply because the particles of the air move in all directions, so as nearly to counterbalance each other's momentum, that the effect is not overpowering."

IV. Separation of the molecules, by affording greater freedom of action, must enhance the value of this activity, and thus cause the development of a greater amount of force.

V. The methods of homœopathic attenuation combine friction with separation of the particles of the drug, and that increased efficacy is thus produced is shown by the fact that certain drugs—as *Calcarea*, for instance—which are inert in a crude state, become very efficacious when molecular isolation has been accomplished by trituration, or dilution with an inert substance.

VI. Active molecules can communicate their peculiar motion to other particles with which they come in contact. The whole car wheel becomes hot, although friction is only applied to the surface; the needle acquires polarity by contact with the magnet; and so the peculiar virtues of a drug may be communicated to the surrounding vehicle of attenuation, as is shown by the curative power of our higher and highest potencies.

I have purposely omitted the consideration of the mechanical and chemical drug effects, because it is but seldom that the physician is called upon to make use of them. It is the dynamic effects that are mostly employed in treating diseases.

SCROFULOSIS AND ITS TREATMENT.

By Sarah J. White, M.D., New York.

PART I.

"A disease characterized by swelling of the glands, tumid abdomen, thick upper lips, sanguine or lymphatic temperament." This is the definition given in medical dictionaries, and almost all who have written on the subject seem content to leave it as it stands. Only a very few seem to have paid any attention to the subject; for, after much research, I can find but three works by English authors, and about the same number in French, devoted to it, and these are of no later date than 1846. Whether it is from despair of ever learning the true cause of the disease, or from a feeling that all has been found that was worth the seeking, I know not; but it seems until we are willing to overstep the boundaries of our present knowledge of facts, and seek new avenues of research, we must still remain in ignorance of much that would throw light upon this disease in its manifold forms. "Experiments have been made to prove that climate caused its development, but these failed. Food of different kinds has also failed to produce it. Humboldt thought a diminished quantity of electricity pervading the atmosphere of particular climates had an influence on its progress, but there is no proof of this being so. Want of light has no effect to produce it. There is no proof that one predisposed will escape by going either to a hot or cold climate." The above opinions I quote from a work on "Scrofula; its Nature, its Causes, its Prevalence, and the Principles of Treatment," by Benjamin Phillips, F.R.S.; also the following: "Some old writers thought the tumor the essence of the disease, and that caused by acidity of the blood; others that it caused thickening of the lymph; others still maintained the degeneration of the lymphatic fluids was owing to the presence of spermatic fluids in them (probably owing to the fact that many of the excreted fluids emit a sourish odor). The disease is manifested by a peculiar deposit in the subcutaneous lymphatic glands. When they are about to become receptacles of such matter they undergo a change in structure dependent on increased action alone, irrespective of the character of the deposit. At an early period there may be present in these glands an appearance like the tuberculous matter of the lungs, to the naked eye having the form of an amorphous, greyish, buffish, or yellowish mass, irregularly granular, not unlike moist old cheese. According to Albers, under a microscope with a linear enlargement of 550 times, the tubercle separates into minute tubes, which prove to be cells. Not so scrofulous matter; that is granular. Bredow says he found it to be composed of globules with no organic connection with surrounding parts. Ruett found, under 400 linear enlargement, a capsule with a nucleus, and several times thought some of them burst and shriveled. Hecht says of the analysis: 'The whole mass seems homogeneous, yellowish, dirty white; toward the center is softer, and of a creamy, pulpy appearance. This soft pulp turns litmus paper green, and, acted on by boiling water or acid, coagulates. There are no globules, either of fibrine or pus, only coagulated albumen, with an excess of alkaline salts. Before softening takes place a viscous fluid may be expressed, which coagulates by heat, and flocculent matter is precipitated, which is insoluble in alcohol. Ether precipitates albumen. With nitric acid the flocculent matter is yellow; with chlorine, pearly white; with nitrate of silver, red brown. It contains gelatine, fibrin, and stearine. The bronchial glands are twice as often affected as the mesentery, and these four times as often as the neck, and these four times the axilla and groin. Scrofulous matter is not always deposited in tumefied glands. The principal seat is the cellular tissue between the glands. Matter of a tuberculous character has been found in the chyle vessels. Some think the deposit inspissated chyle. The blood is altered before the deposit is made. Certain morbid materials constitute what is known as scrofulous diathesis or constitution, and this deposited in the sub-cutaneous glands constitutes scrofula.'" Dr. John Hunter is quoted as saying, in reply to a question: "There is no disease whatever that becomes constitutional but what can be given to a child. There is no disease that is acquired and becomes constitutional in the father but can be given to a child. The father has a power of giving that to the child, by which means it becomes hereditary. There is no such thing as hereditary disease, but such a thing as hereditary disposition. Children from syphilitic parents may become scrofulous." Again, in Lugot's preface: "The disease commences to manifest its fearful effects in the earliest periods of intra-uterine existence. It is the exciting cause of spontaneous abortion, by which one-fourth, at least, of the objects of its invasion are extinguished before they see the light. After birth it arrests their development, both physical and moral, while it complicates the diseases and disturbs the evolutions of childhood and youth."

Dr. W. Tyler Smith published a work in the same year, in which he says of the cause: "Our knowledge of scrofula is as great as of most other diseases, yet it is difficult, if not altogether impossible, to give a concise and direct theory of its nature and causes. It is not like a mere local affection in which the cause and the effect stand in near and immediate relation one to the other, and in which any constitutional symptoms that may occur are referable to a local origin, but it is a constitutional malady in the most extended signification of the term." Again, he says: "If we attempt to narrow the definition of the disorder, and

separate the scrofulous temperament from other constitutional states, we shall probably come to the formation of tuberculous matter as the most distinctive trait; or to a vitiated condition of the lymph circulating through the absorbent glands; or to some fault in the processes of nutrition and secretion; but all these are themselves but signs or results of more remote deviations from the healthy standard. We may refer back to digestion, to assimilation, and growth, to the vital principle, and to the original formative force, till we become uncertain whether to blame most the material or the immaterial elements of which the system is composed." Again, in another part of the work, he says: "There can be no question of the hereditary nature of the diathesis and the disease. Perhaps it is more truly so than in any other disease whatever." So seems to think the author (Phillips) before alluded to, and Dr. Smith has truly said that it is "the most powerful cause of physical degeneracy." It leaves no part of the human economy free, but attacks all, from the most interior to the most exterior portions. No race is exempt, so far as is known, and no climate perfectly free from cases, unless we may except those races of the climate in Arctic regions.

Bazin, physician to L'hopital St. Louis, quoted in a French work by Dr. A. Hardy, physician to same hospital, entitled "Léçons sur la Scrofule et les Scrofulides, et sur la Syphilis et les Syphilides," says that scrofula attacks very profoundly the nerve centers. "In autopsies of subjects dying of encephalic scrofula there are inflammatory lesions, tuberculous products, or fibro plastic and encysted abscesses, while the lesions of the surface are the 'tubercle miliare.'"

Why these authors should pay so little attention to it, or why they should make so light of its "hereditary descent" or tendency (which, taking into consideration all the facts concerning this disease, seems to me a distinction without a difference) I fail to comprehend.

Complicating many other diseases we have a double task before us, and often find in our treatment that, though seemingly giving the remedy indicated, we are baffled, and, as in syphilis, we must return to a constitutional trouble, and combat that almost as a living enemy before we cure the disease proper.

Of our modern school some noted practitioners deny the hereditary descent, claiming "diseased nutrition as the great cause;" others, again, the want of proper nutrition. But I have known families well nourished through several generations, and yet some slight exposure to varying temperature, some over-exertion would cause the swelling of the glands, the languor of the brain and body, and all the many symptoms of this dread disease.

I have been much interested in studying this disease in several families, watching its progress and tracing it back for several generations, and can but conclude that some of the subtler elements which help to form the rudiments of the embryo human being are more at fault than those which sustain it in after life. If the cause were traceable to diseased nutrition alone, then it would seem to be amenable to proper food; if to light and air, then these in sufficient quantity and quality would soon remedy the evil. But experience does not justify or support either theory. We will take one family residing among the hills, where air, light, food, and clothing were never wanting, as an example. The picture is from actual life, and the family well known to me:

The grandmother was a sufferer from scrofulous ulcers of the lower extremities, a form of the disease her father had for many years. She was the mother of eight children, two of whom died, at the ages of two and a half and three years, of marasmus; a third, at the age of fourteen, of chlorosis; a son lived until twenty-one years old, and died of phthisis pulmonalis; a daughter until twenty-eight, and died of the same disease; another son, when thirty-five years old, was taken ill with hemorrhage of lungs, and for two years suffered repeated attacks, with cough, hectic fever, night sweats, and other accompanying symptoms of the dread consumption, but finally recovered with the loss of the use of one lung, the left side of the thorax being sunken, and never filling during inspiration. This son in infancy was sorely afflicted with swelling of the glands, etc. A daughter, the youngest of the family living to-day, has the same scrofulous ulcers of the mother, or, if by any means, these are healed, the characteristic cough, sweats, etc., follow. Homœopathic remedies have benefited this case very much. The eldest son married, at the age of twenty-one, a lady from a scrofulous family, and seven children were born; the eldest, living until five years of age, died of pneumonia; the second, a daughter, died at the age of nineteen of phthisis pulmonalis; the third died in infancy of scrofula, never being able to be raised to an upright position on account of swollen abdomen; the youngest died of pneumonia, following croup. Of the three surviving, the eldest married at the age of twenty-one, bore two children, the eldest living to the age of three years and nine months, dying of hydrocephalus; the second, born at seven months, in a partial state of decomposition, from no known cause. The brother and sister, as well as this daughter, all suffered from scrofulous eczema, principally affecting the scalp. What a picture, and only one of many. Yet food, and air, and light were always at command. Who will seek to trace these deeper causes, and make them "established facts?"

BROMINE IN DIPHTHERIA.

By Dr. Teste.

(Extract from a Paper Read before the International Congress of Homœopathy, at Paris, August 13th, 1878.)

Translated by George Vandenhoff, Jr., M. D.

Bromine water, 1-100, is simply distilled water containing one-hundredth part of its weight of pure bromine. It is transparent, of an orange color, with a penetrating odor which resembles that of chlorine, and with an acrid taste *sui generis* which, when the *Bromine water* is attenuated with sweetened water, is somewhat similar to the taste of walnut shells. With rare exceptions, children, even the most stubborn, swallow it without repugnance, and in only one case have I ever seen it produce nausea. It should be prepared in bottles of dark glass, and kept in a dark place, as, under the influence of light, it becomes quickly altered, the bromine being transformed to hydro-bromic acid, at the expense of the hydrogen in the water.

Nothing is more simple than the treatment of diphtheria and croup by *Bromine water;* but still, to prevent exposing one's self to disappointments, it is necessary to conform, point by point, to the following rules:

1. Have always in readiness a glass of sugared water, very sweet.

2. Every hour in diphtheria, every quarter of an hour in croup, give the patient one, two, or even three drops of *Bromine water* in a teaspoonful of sweetened water.

3. At the end of several hours reduce the doses and extend the time between them; never, however, letting an interval of more than two hours elapse without administering the remedy.

4. Either a glass spoon or a wine-glass should be used in the administration of the medicine, as bromine attacks silver and forms with it a bromide which largely reduces the dose absorbed.

5. Place the patient, no matter what the age may be, on a low diet, at least during the first day.

6. A gargle of water, vinegar, and salt (a tablespoonful of vinegar, and as much salt to a glass of water) has never seemed to me to injure the action of the remedy, and in diphtheria of the pharynx helps to clear the throat by detaching the false membrane. This, however, can only be used with adults.

7. Lastly, take care to keep in the invalid's room, and this as a prophylactic for the sake of the persons who enter it, a saucer containing a spoonful of bromine water, which should be renewed at least twice in every twenty-four hours.

The curative action of the bromine, if not interfered with by any infraction of the above rules, invariably manifests itself in a very short time. The first three or four doses usually suffice to lower the frequency of the pulse in a surprising, and sometimes, enormous proportion; for example, from 140 to 80. At the same time the pains in the lumbar region, which accompany the fever of diphtheria, and are often so very fatiguing, are relieved. The local symptoms amend more slowly; though it is not rare to observe, in croup, an almost instantaneous diminution and modification of the cough, which becomes hour by hour less hoarse, less stridulous, and less frequent. However, it is only after twelve or eighteen hours of treatment that the false membranes begin to fade away, that is, to grow brown and detach themselves. But, to sum up, with the exception of cases not particularly common, where an abscess of the tonsil complicates the malady and augments its duration, it is very rare that a complete resolution has not taken place by the end of three days.

I can to-day count by hundreds the cures obtained by a medication so simple and of an application so easy as the one I have described. Its results are so surprising there are not wanting among the witnesses of them, persons ready to deny the presence of this malady, which, they say, it is impossible to cure so quickly. Others, on the contrary, look upon the results as a miracle, but one becomes accustomed to everything—even to miracles, when they have been repeated several times. I will give an example which seems to me quite piquant, and at least is very characteristic.

On March 27th, 1870, I was called to a little girl four years old, afflicted since the previous evening with a more than ordinarily painful sore throat. This was accompanied by extraordinary weakness, and a violent fever, the pulse being 135. The face was injected and covered with perspiration; the sub-maxillary glands swollen and painful; an abundant discharge of thin, colorless serum flowed from the left nostril. An examination of the throat left no doubt as to the nature of the malady. On the left tonsil, which was slightly swollen, but of a r d color, like the dregs of wine, there extended from below upward, seeming to mount to the nasal fossæ, a necrosed patch which was evidently a false membrane. Deglutition was still easy; there was very little cough, and occasionally a slight mucus or sibilant râles could be heard. The breath was horribly fetid. There was no mistaking a case of diphtheria. On my pronouncing this terrible word the family were thrown into the utmost despair. After some hesitation they decided to confide the child to my care, and the *Bromine water* put her on her feet in two days.

In April, the following year, the elder sister of this little girl was taken with diphtheria. This time I was called without hesitation, and *Bromine* again achieved the same results.

Three years after, diphtheria being then epidemic in Paris, the younger of my little patients was again taken with it, *and I was not called till the day after the seizure.* The mother of the child, strong in my old prescription, which she had religiously preserved, had wished to perform *her* miracle, and she had succeeded.

GYNÆCOLOGICAL RETROSPECT.

By Gertrude A. Gorwey, M.D., Brooklyn.

PART II.

Read before the Hom. Med. Society of Kings County, N. Y.

The necessity of early delivery has been demonstrated by Dr. Emmet in the analysis of one hundred and sixty-one cases of vesico-vaginal fistula, which can be found in tabular form in Am. Gyn. Trans., Vol. III. His view is that instrumental labor is not productive of vesico-vaginal fistula, the direct cause in a large proportion of cases being delay of delivery after impaction; the indirect, a distended bladder. The cases are classified under the heads, "artificial delivery," "by the unaided efforts of nature," "delivered by the use of *Ergot*," and "where the mode of delivery was not stated." He classes the results of treatment thus: "cured," "improved," "not improved," "died," and "results not given," with the "total." Eighty-six of the one hundred and sixty, or fifty per cent., were still born. The conditions of the bladder during labor are also shown. He does not hesitate to make the statement that he has never met with a case of vesico-vaginal fistula which resulted from instrumental delivery. The conclusive evidence of himself and others is, that the injury results from delay of delivery; that vesico-vaginal fistula is less observed now than in olden times, when the doctrine of Blundell and others was prevalent, which required the patient to be in labor twenty-four hours, after the dilatation of the os uteri, before the physician was warranted in applying the forceps.

The early use of the forceps should be resorted to when the head is impacted on the pelvis, but not until the bladder is emptied. If it is found impossible to introduce the catheter, then, by the aid of the forceps, the head is lifted up or turned to one side sufficiently to admit a male catheter. If, from some special cause the forceps cannot be used, the aspirator is recommended.

In the history of the Lying in Charity Institution in Philadelphia, between ten and eleven thousand women have been delivered, and but one case of vesico-vaginal fistula occurred, and this was due to vaginal rupture extending into the bladder, and not to sloughing. These deliveries were accomplished mostly by medical students who had received but one course of instruction, and the early use of the forceps was resorted to. The danger of the sloughing of the tissues is not due to the violence of the pressure, but to its duration; hence the necessity of early delivery when the head is impacted.

Dr. Storer, of Boston, has had several thousands of obstetrical cases, and but two cases of vesico-vaginal fistula. He seldom uses the forceps, and thinks it is dangerous and productive of injury to use the instrument so constantly.

Opium and full doses of *Quinine* repeated at short intervals to prevent uterine inertia, from exhausted nerve power in the first stage of labor, is recommended by Dr. Barker. The *Quinine* does not act as an oxytocic like *Ergot*, but it restores nerve power, which excites physiological action in labor. His method is to apply the forceps as soon as the head ceases to advance.

Statistics show that the forceps is now applied once in ten cases, whereas formerly only once in six hundred. It appears to me that this statement ought to convince us that it is much better and safer to use the forceps, over which we have control, than to use *Ergot*, which possesses an uncertain power, and which we cannot control. One reason why the older writers did not use the forceps more frequently was that the instrument was short, and provided with only one curve, and therefore was not applicable until the head rested

upon the perineum. That difficulty is now obviated, and the forceps has become a valuable auxiliary to medical science. Because the forceps is sometimes employed unnecessarily should not be a bar against the use of it, when clearly indicated.

How any conscientious physician can neglect to ascertain the condition of the bladder in the lying-in chamber, and allow the patient to suffer needlessly from sheer neglect or carelessness on his or her part, I cannot see. That in some cases our patients cannot remunerate us is no reason why we should not do our whole duty. That patients often mislead us by a want of proper intelligence, as stated by Emmet, is true; but then it is our business to find out the condition of the bladder by inspection and mechanical means at our command. For what purpose is the accoucheur in the lying-in chamber if not to render every possible aid to relieve the patient? In the majority of instances a physician gets his first practice and gains his reputation and subsequent wealth by the attention and kindness shown to the poor.

The hand, employed as a curette in post-partum hemorrhage, is recommended by Dr. Wilson. One and a half ounces of *Ergot*, together with other measures, he had tried in a case, but without effect. The hand was then carried into the uterus and reached the placental attachments; hemorrhage ceased at once, although the uterus remained relaxed and very much enlarged for three quarters of an hour. As chloroform was administered in this case, the atony of the uterus might be attributed to its use; yet in his twenty-eight years of obstetrical practice he rarely failed to give chloroform, and had met with no such results as this case presented.

Dr. Penrose called attention to the use of vinegar in post-partum hemorrhage as a far more safe and efficient agent in controlling hemorrhage depending upon inertia. It had proved successful in his hands where the ordinary remedies, as friction, pressure, *Ergot*, cold, heat, etc., etc., had failed. Professor Zneifel, of Erlangen (Monthly Abstract of Medical Science, June, 1878), considers vinegar an excellent substitute for carbolic or salicylic acid, as a preventive of puerperal fever. He commended it in hemorrhage of carcinoma uteri. The opinion of those (except Thomas) who discussed the paper was that superior advantages resulted from using vinegar instead of per salts of iron, tincture of iodine, actual cautery, etc., in post-partum hemorrhage that depended upon inertia. It is not so irritating, as those mentioned and its effects are not so injurious; besides it is an admirable antiseptic.

While Thomas does not disapprove of vinegar, he thinks alcohol and water just as efficient, and says vinegar has no specific action in controlling post-partum hemorrhage. He claims that a large proportion of cases of inertia is due to mismanagement on the part of the practitioner. He says the expulsion of the placenta is not the third stage of labor, but an epiphenomena of the third stage. The third stage may be defined as a tonic contraction of the uterus, and, if properly managed, the uterus would contract, and the obstetrician should force the uterus into a condition of firm contraction.

During the last two years Dr. Smith, of Philadelphia, has in his practice passed a stream of carbolized water into the cavity of the uterus as a preventive of hemorrhage; followed by good results.

Septicemia is the greatest danger from the use of perchloride of iron. This statement is corroborated by a study of discussions lately held in the obstetrical society of London.

Chadwick, of Boston, believes that perchloride of iron can be injected into the cavity of the non-puerperal or puerperal uterus and rendered perfectly innocuous, if a disinfectant solution be invariably carried into the uterine cavity once or twice a day for a week as a prophylactic measure.

Macan, of Dublin, has recently recommended subcutaneous injections of sulphuric ether, the result of which is almost instantaneous.

Where hemorrhagic diathesis associated with anemia exists as a predisposing cause, Barker recommends that the patient be put on a prophylactic treatment, previous to parturition. He relates a case where a patient in her third pregnancy was put on iron and chlorate of potash two months before confinement, hemorrhage having followed both her previous confinements. During the last pregnancy, after having a tooth extracted, the hemorrhage was so excessive that the patient was not able to sit up for three weeks, and was only arrested by the actual cautery. He wished his patient thousands of miles away from New York, and when she was delivered, he used every precaution—removed placenta by compression, administered *Ergot*—but to his horror hemorrhage came on. He seized the fundus and held it for six hours and a half. Her recovery was good, without further hemorrhage. His experience has been that when all other remedies fail, no method is so good as introducing the hand into the uterus, conjoined with manipulations externally through the abdominal walls, as Bozeman suggests.

Byford gives parts of four cases of dermoid tumors of the ovary. He gives also a cursory view of the different theories promulgated in ancient times and his present theory, classified under three divisions, viz: 1. Those originating in the imagination alone, without any scientific foundation. 2. Those which have for their basis the superstitions of the times in which they originated and of the people by whom they were entertained. 3. The scientific theories. To Aristotle is attributed the most ancient of the imaginative theories. One theory was that the dermoid products of these tumors—as the hair, teeth, etc.—had been swallowed and transmitted in some unknown manner to the localities occupied by them. Another was that certain individuals possessed a sort of ovariocystic diathesis. Still another propagated the doctrine of inclusion, or of a fœtus in fetu. Various other theories were promulgated by those who entertained superstitious opinions.

By the light of patient physiological research, and the aid of the microscope, a theory of these tumors had been developed, which has proved to be more satisfactory and scientific, and is based upon a supposition which is at least more physiologically plausible. It may be stated thus: In the early period of ovulation or embryonic development, by some accident or imperfection of formation, an indentation of the blastoderm is produced. In the wonderful trophic energy of that period the minute depression is inclosed by the approximation of its blastodermic margin, and becomes an isolated cavity, and the growth and perfection of the embryo are accomplished, notwithstanding this early accident to the integrity of its envelop. The depression thus formed involves, perhaps, all the layers of the blastodermic membrane; but the external layer becomes the lining membrane of the cavity, and is completely cut off from the rest of the blastodermic surface, and invaginated with all its essential structures and processes of organization; all its products, therefore, must be retained in the cavity. The contents of this cavity correspond in miniature with what the formation might have been if the displacement had not occurred. In the further development of the embryo the portion of the blastoderm covering this adventitious cavity develops its tissues and organs in the ordinary way, and thus incloses it in the body by the structures usually found to cover it. The internal layer of the blastoderm is doubtless also displaced, but it is not isolated, and consequently its products are never found inside the tumor. Therefore, in instances where the dermoid patch occupies any of the mucous cavities, the neoplasm will always be found external

to the mucous membrane. This theory serves to explain why these hairy tumors are found in the fœtus, child, virgin, matron, or male, and with equal plausibility why they may exist in any part of the body.

Dr. Pauly, in an excellent paper in the *American Journal of Obstetrics*, expresses a doubt whether these tumors exist more frequently in the ovary than elsewhere, notwithstanding the generally received opinion that this is the case, and, at present, it cannot be asserted that they are not as common in the male as in the female.

Dr. Noegarrath explains the inclusion theory, as used by modern writers, in the following manner: His researches have demonstrated that the genital organs take their origin in the axial chord (*Achsenstrang*). Now, here, in the central part of the ovum, the ectoderm and mesoderm are in close proximity, and it occurs that cells from the first-named layer migrate to that part of the mesoderm from which the ovary is formed; and thus it is explained that skin, with its growth, develops occasionally in the ovary. He further states, on the authority of Olshausen, that Waldeyer, though formerly a warm advocate of the inclusion theory, now inclines to the opinion that dermoid cysts owe their origin to an exclusive nisus formativus of the cells composing the ovarian tissue The whole ovary is, from the first germinative epithelium, developed on the side of the Wolfian body. Some of the cells develop and change into ova, while the others, under normal circumstances, remain in the state of epithelial cells through life. But, since each germinative epithelial cell is, or may be, genetically an ovum, he thinks it possible that these epithelial cells may be roused, by an excessive nisus formativus, sooner or later into life and growth, developing bone, nerve-tissue, etc.

Extreme anteversion and anteflexion at full term of pregnancy. In Justus Wigand's illustrated work on the deformities of the pelvis, no mention is made of such a pendulous or anteverted uterus as Dr. Taylor's case presents.

In Velpeau's case, Cæsarian section was performed; the patient, however, died. In this case there was no deformity of the anterior diameter of the superior strait, or separation of the recti muscles. When labor set in, the abdomen was found lying on the thighs, near the knees; when the patient stood, it reached within an inch of the end of the knees. The fœtal heart was heard a little above the umbilicus. The uterus was raised carefully to nearly a normal position, and a bandage slung over the shoulder and tied firmly, which supported it and allowed the uterine forces to act in the natural direction of the axis of the pelvis. Chloroform was given, and delivery accomplished by forceps. The patient had not the slightest unfavorable symptoms after the delivery. Dr. Taylor is inclined to believe that the deformity was brought about through the relaxation of the abdominal muscles following her former confinement. This is the second case of marked anteversion that Dr. Taylor has met with. In the first case embryotomy had to be performed. It is almost a counterfeit presentment of a case illustrated in Kennedy's work on obstetrical auscultation.

As to the frequency of rupture of the parturient uterus, statistics and statements have given various results. Johnson and Sinclair (Practical Midwifery, London, 1858) state that in 13,748 deliveries the accident occurred seventeen times, or once in a little over eight hundred. Parvin, who relates three cases of rupture of the uterus, thinks the accident is much more frequent than statistics have shown, and is persuaded that the number would be greatly increased if known cases were published and unknown cases were discovered. The testimony of Baudeloque was that he rarely made post mortem examination after craniotomies without finding either ruptures or severe contusions of the uterus. According to Velpeau, Albucasis first mentioned a case of rupture of the uterus (Traite Complet de l'Art des Accouchement); then Plater, one in 1584; and Fabricius de Hildanus cites an analogous case observed in 1598, and adduces two others from Cornarius.

In regard to the etiology of uterine rupture, excluding all violent manipulation and use of instruments, the intrinsic causes may be summed up in the following statement: want of correspondence between the uterine force and the resistance it attempts to vanquish. Thus, there may be weakened muscular fibre in some part of the uterus; uterine force is exerted, resistance is greater, and the weak fibre gives way. Or the pelvic entrance is blocked by a hydrocephalic head, or the pelvic cavity packed by a shoulder, and the uterus, by this resistance impossible of removal, is ruptured in the vain effort.

Again, by the administration of *Ergot*, the uterus is called upon to accomplish in a few minutes that which nature designed should occupy hours, and rupture is the result. Duparque, in his classic work, Histoire Complète des Ruptures et des Déchirures de l'Utérus, du Vagin, et du Périnée, Paris, 1839, has placed this first among his "conclusions" as to rupture of the body of the uterus in labor: that such ruptures have for their determining cause uterine contractions.

Dr. Trask, who has studied the subject so thoroughly, observes (*American Journal of the Medical Sciences*, Vol. XV., 1848): "Unless caused by direct violence, rupture must, in almost every case, be the result of the contraction of the uterine fibres, whether the uterus be healthy or diseased."

Dr. Tyler Smith (*Lancet*, October 28th, 1848), remarked, in referring to causes of rupture of the uterus: "I do not think sufficient prominence has been given to uterine motor action, which, in many cases, is the sole cause of the mischief, and which plays an important part in all." And, again: "Undoubtedly cases of rupture of the uterus do occur which are dependent upon softening of the uterus from inflammatory action, either during or before labor, or upon malignant disease of the uterus; but such cases are rare when compared with rupture from self-contraction of the uterus."

Barnes asserts that he carefully examined the tissues in three cases of rupture, and he found no more degeneration than that normal amount of granular change of the fibre-cells which always exists toward the end of pregnancy as a preparation for solution of the tissues about to become superfluous; "certainly, then, although degeneration of tissue might sometimes be present, it is not a constant or necessary condition." (Trans. Obst. Soc., London, vol. X., p. 45.)

Dr. McDonald states that rupture of the cervical canal forms nearly the whole of the cases of uterine rupture. (System of Midwifery.) This finds no support in the statistics of Dr. Trask. Those statistics show that, of one hundred and forty-eight cases of rupture occurring (twenty-one in gestation and one hundred and twenty-seven in parturition), seventy-six were of the fundus and the body, and only seventy-two of the cervix, involving more or less of the body and of the vagina. Gastrotomy is recommended in the treatment.

Electricity is very favorably spoken of by Ely Van De Warker, M. D., in the treatment of pelvic indurations and adhesions; indirectly, through the mass and through the system, to control pain; directly through the seat of the disease, to induce absorption. The seance lasts from ten to fifteen minutes every day, or every alternate day. The result is a slow and gradual diminution of the indurated mass.

Dr. Howitz, of Copenhagen, in order to induce resorption of the non-purulent exudations of the parametritis, recommends "massage." The manipulation is repeated every two days. The suspicion of

pus would contra-indicate the manipulation advised by Dr. Howitz or Van De Warker. Internally, the administration of ammonium chloride has a marked effect on the resolution of these masses. Its use in gynecic medicine was first suggested by Dr. Wright in 1867. (Uterine Disorders: their Constitutional Influence and Treatment, p. 59. London, 1869.]

NATIONAL BOARD OF HEALTH.

We are indebted to the *Sanitary Engineer* for a digest of Dr. Billing's paper read before the New York County Medical Society. Dr. Billings prefaced his remarks by saying that he should not relate the history of the National Board of Health, which would be fully detailed in its forthcoming report. He believed the Board was sustained by nearly every sanitarian and important sanitary organization in the country, North and South.

He then outlined the national public health organizations of France, Germany, and Great Britain, and showed wherein our National Health Board differed from them. Its main purpose, as at first constituted, was to collect information and to give advice. No special change is desirable in its membership. In the future it may be well to have the different State boards represented in it. Veterinary medicines should also be represented, and the powers of the Board during emergencies increased. The speaker said:

"I wish to insist strongly upon the value and importance of this work of collecting and furnishing information on the part of a national public health organization, for the reason that certain gentlemen are disposed to deny this importance, and to oppose the appropriation of money for this purpose. Their view is that the National Board of Health was created to prevent yellow fever; it did not do this during the past summer, therefore it is a useless expense. I have shown you that England, France, and Germany think this matter of collecting information, making investigations, and giving advice, so important that their national health boards are maintained mainly for this purpose. Now, in discussing the question as to the proper organization of our own National Board of Health, it will be well to keep merely theoretical considerations in the background. It is not *a* board, but *the* board that we are to think about—the board that is best suited to this country, at this time, and not an ideal board suited to the United States as that country might or ought to be. The practical part of public hygiene must in these days rest on utilitarianism—it must be able to profit the community enough to warrant certain individual or local sacrifices or losses—for such sacrifices are inevitable. It is not enough that the sanitarian shall be able to show how pure water and air, wholesome food, and the exclusion of contagious and infectious diseases can be secured. He must also show how this is to be done with the least possible interference with the interests and pleasures of the community, with commerce and travel, with education and amusements, with the personal liberty of the individual, and with the local self-government of communities or states. Very often, if not always, these interests, real or supposed, will be found to be more or less conflicting or even incompatible with the requirements of the public health. The recommendations of the sanitarian must then be essentially in the nature of a compromise. These interests vary with climate, locality, and commercial necessities, and with the education and habits of the people, and in a country which embraces communities so widely diverse in all these respects as does the United States, its public health organization should be as elastic and flexible as is compatible with stability. I may even say that such elasticity and flexibility is essential to its stability.

"In considering the functions of such an organization, I think we shall all agree that one of the most important is the educational one. It should be its business not merely to assert, but to demonstrate that public health is really public wealth; that it pays a city, state, or nation to care for the health of its citizens, to secure for them pure water and air and wholesome food, and by these and other means to prevent sickness and death as far as possible. It is its business to convince the people and their legislators that it is possible to avoid or prevent many epidemics—I do not say all, but many; that this can be done in a business-like way, without stopping commerce or closing schools, or producing the loss and suffering which panic, begotten of fear and ignorance, so surely produces. As one means to this end, it is its business to urge the formation of State and local boards of health, to advise with regard to the proper organization of such bodies, and to induce the legislative authorities to give them proper powers and sufficient means to perform their appointed work. It is its business, also, to educate these State and local boards, or rather to aid them to educate themselves.

"Sanitary science is a new thing in this country, and very few have given any special attention to it. It seems to be popularly supposed that all medical men are necessarily sanitarians, and that if three or five of them be collected and called a board of health, all has been done that can be done to place the public health of that immediate locality in a proper and satisfactory condition. During the last eighteen months there has been a great increase in the number of such boards, and many of them have done and are doing good work, although not always precisely in the direction contemplated by those who created them. Some of them were created simply to act as quarantine authorities, for even a year ago very many people in this country considered public health and quarantine as synonymous. But these health boards and health officers almost immediately began to discuss also local sanitation and municipal cleanliness, as being of at least equal importance with quarantine, and the daily press of the country, which is, after all, the most powerful means of educating the people and their legislators in sanitary matters, as in most other things, has, with very few exceptions, followed this lead. A national board of health, by its publications, by advice given through its members and inspectors, and in many other ways, can and should give a powerful stimulus to this process of sanitary education. It can also do much to secure uniformity in the methods of work to be employed by state and local boards, and thus prevent waste of power and money in making unnecessary experiments. Take, for instance, the subject of vital statistics. So long as States and cities collect these statistics on different plans and report them in different ways, so long these statistics must lose a large part of their value, since they are not comparable one with the other. Some cities make weekly reports, others monthly, others again quarterly. There is no uniformity in nomenclature or in nosological arrangement, and in general it must be said that the whole of this country is far behind England, France, or Germany in this matter. In fact, in a very large part of the country we have no such statistics of any kind, and the majority of those which are nominally collected are so incomplete and unreliable as to be of very little value.

"The National Board of Health will soon take steps to secure, as far as possible, this desirable uniformity by calling upon all who are immediately interested to meet in this city during the coming spring, and agree upon nomenclature, forms and methods of reporting such statistics. You are all probably aware of the special effort which is being made to secure reliable mortality statistics for the next census, by sending books to physicians throughout the country. These books are already beginning to come in in very satisfactory

shape, and if the result is what is hoped, the National Board might undertake to carry on the work in like manner for each year.

"An important part of the higher education of modern times is the teaching how to increase knowledge; and the best way of teaching this, as of many other things, is by doing it, and by causing the pupils to do it.

"A very important feature, therefore, of the educational work of the National Board should be the promotion of investigations into the causes of disease and the best means of avoiding or destroying these causes. Most people assent readily to the propriety of such investigations considered as a mere abstract proposition, but, as they usually have no idea of the difficulty of such researches, or the number of failures which must be experienced, or of the time and money which must be expended to secure reliable and really valuable conclusions, they are very apt to become impatient, and to demand results long before it is possible to furnish them. The number of such questions requiring investigation is very great, and the number of properly qualified investigators is very small, for hitherto there has been little demand for such and no sufficient remuneration has been obtainable for this class of work. The demand is now increasing on the part of State and local, as well as of national authorities, and we may fairly hope that within the next ten years a number of trained observers will have been produced and set to work. I need only allude to the probable effect which this will have on medical education and on the status of medical practitioners. Public hygiene, to be of practical value, must have for its foundation statistics of births and deaths and of certain diseases, and these statistics will be of value in proportion to the recognized accuracy of the data from which they are made up. These data must be furnished by medical practitioners, and their value must depend on the knowledge possessed by those medical practitioners. In the course of time our legislators will probably be brought to understand this through the reiterated demand of health authorities, and when they do understand it they will probably take measures to insure that persons practicing medicine do possess at least enough knowledge to properly fill out a death certificate. I know this may seem a little Utopian, but I have seen legislators and lawyers improve in sanitary and medical knowledge very rapidly under certain circumstances—such, for instance, as an epidemic—which calls their attention especially to those matters."

Dr. Billings then considered the subject of Quarantine. He did not like the current understanding of the term, which, to use Dr. Holmes' phrase, has become so thoroughly Polarized that it can hardly be used except to imply detention; but there is no other single word which will cover the ground. "I mean by quarantine that system of administration employed to determine the presence or absence of the cause of contagious or infectious diseases, in persons, articles, or vehicles, and the securing, if present, the removal or destruction of such causes—and the doing of this with the least possible interference with travel or traffic, without detention for any specified time, nor for any more time than is absolutely necessary for the inspection, cleansing, and disinfection. I do not admit that non-intercourse with an infected place is quarantine. No board of health or health officer, local, State, or National, is needed to secure such non-intercourse, and to have recourse to it is a confession of failure, so far as the sanitarian is concerned.

"A practical trial of the quarantine act of June 2d has revealed certain defects which it is desirable to remove. It has been found impossible to induce the authorities in foreign ports, notably Cuba, to aid in enforcing the act in important particulars, while it is almost impossible to legally impose the penalties levied on delinquents. There are also difficulties in regard to inland quarantine, from the absence of boards of health in some States, or their inadequate powers. It seems desirable that some provisions should be made by law which would control the transmission of disease from one State into another, irrespective of the existence or character of a board of health in the States interested. Such provision might, for instance, be an official and formal declaration that a given place is infected or dangerously infected with a contagious or infectious disease, such declaration to be made by some competent authority, such as the President of the United States, upon information received from the National Board of Health. It would be proper to forbid, under penalty to be enforced by the United States Courts, the transportation of goods or persons from such infected or dangerously infected place into another State, except in accordance with rules and regulations to be approved by the National health authority. It is by no means so difficult to secure a proper amount of precaution against the transportation of contagious and infectious diseases from one State to another as it is to prevent unnecessary annoyance and expense to commerce and travel by the action of local quarantines on the part of the smaller towns and of county authorities. Probably the evil effects of this can only be done away with by a process of education which will show the people that they are unnecessary and harmful, and by leading to legislation on the part of the States which will protect the common carriers against such interferences. To promote this education and secure this legislation should be one of the special objects of the National Board of Health."

The speaker next touched on the organization of the Board. Two plans have been discussed—either to have a single executive officer with ample powers, or a small executive committee constantly on duty and acting under specific instruction. "My own opinion," said Dr. Billings, "is very much that of Count Cavour, who, on being urged to assume the dictatorship of Italy in a particularly trying crisis, said: 'I do not believe in dictatorships, particularly civil ones. An honest constitutional minister who has nothing to fear from the revelations of the tribune is far stronger with the parliamentary majority than any dictator.' So in like manner I believe that the mouthpiece of the executive committee and of the National Board of Health, whether he be its Chairman or its Secretary, will be far stronger and command much more general assent to his suggestions than he could if he were the sole executive officer—the Director General of Health, or the Minister of Health of the United States."

A Cure for Cancer.—Schmitt has found in the juices of the *Micania guaco*, a plant indigenous to South America and India, an effective agent against cancer and cancerous diseases.

Inhalation of Bromine Vapor in Croup.—From half to one teaspoonful of Schuetz's solution of *Bromine* (*Iodide of Bromine, Bromide of Potassium*, āā 30–50 centigrams; water, 150 grams), is to be poured on a sponge in a proper receptacle, and the vapor inspired at intervals of half an hour or an hour. At the same time the neck may be covered with ice compresses.—*N. Y. Med. Jour.*

Restoration of Hearing by a Nervous Shock.—Mr. Asa A. Bryant, aged about fifty-eight years, a brother of Dan Bryant, of minstrel notoriety, was thrown from his carriage against a fence in Norwalk recently. He was slightly injured, but, strange to say, the shock completely restored his hearing, and he is now slowly learning to talk. His hearing was lost when five years old, from bathing in salt water, and he was educated as a deaf mute. He married a mute, and has two children, neither of whom is deaf.

CLINIQUE.

ON THE USE OF WATER IN THE TREATMENT OF DISEASES OF THE SKIN.

By L. Duncan Bulkley, A.M., M.D.

In health I regard the daily use of the cold or tepid sponge bath, followed by active friction, as one of the greatest safeguards against disease, both of the integument itself and of the system at large. In regard to warm baths, they have their function, and as a nervous sedative they may be of real service to certain persons, and when the daily tepid or cold ablution of the entire surface is not performed, they should be employed at stated intervals for the removal of effete matter from the skin; once a week, as is so commonly practiced, usually suffices. After a warm bath a cold douche, as with a shower, or with a sponge in a pail of cold water, greatly enhances the power of the bath as a quickener of cutaneous circulation, and diminishes the danger of catching cold.

The use of water to the skin in its diseased state, may be considered under several heads, as follows:

1. Common water baths, including river and sea bathing.
2. Ablutions, bathings or soakings, with hot and cold water.
3. Cold and hot packing: water cure.
4. Vapor and hot air baths.
5. Medicated water baths.
6. Natural mineral springs.

1. The ordinary warm bath, as before mentioned, has for its function the removing of effete matter and softening the skin, and equalizing the circulation. It may thus have a favorable action in disease, and may be used with advantage in chronic scaly eczema, psoriasis, ichthyosis, also in lupus and in obstinate ulcerative syphilis. This warm bath has been long used by Hebra continuously in certain cases, that is, the patient remaining in the water for weeks or even months, the temperature being maintained by steam or a current of hot water, the water being also changed more or less continuously. In these the patient eats and sleeps in the bath upon a proper mattress, only leaving the bath to empty the bowels. These have been found to be of principal service in burns, pemphigus foliaceus, phagedæna, etc., as I have myself witnessed, and are of really great value. In some instances patients have remained in them for many months consecutively.

But ordinary warm water baths cannot always be advised with impunity in all diseases of the skin; acute eczema, or even more sub-acute, exuding forms of this disease will be found to be aggravated by the contact of simple water. Urticaria will also be rather irritated, as will indeed most of the inflammatory affections of the skin. It is well to remember when baths are given to a patient with a pruritic skin, to give a caution against too great friction afterward, as this not infrequently more than balances any soothing effect of the bath, and the irritation afterward may be very great.

In regard to river and lake bathing, the reaction and the exposure to the air will aggravate most skin diseases. Sea bathing is of service in psoriasis, and warm baths of sea water have been followed, in my experience, with very beneficial results in this disease; it is a remedy which I resort to a good deal during the summer months. But sea bathing is decidedly harmful in most cases of eczema, as I have repeatedly witnessed, although I have heard of a few instances where the disease was very chronic and the eruption very indolent, in which sea bathing was said to have cured the cases. But I am very cautious about allowing eczema patients either to bathe in the sea or to spend much time at the sea shore. The same is true of acne, and every autumn I see many, many cases where the sea influence has greatly aggravated the eruption, and many where the eruption has appeared for the first time while by the sea side; sea voyages generally act unfavorably in acne. Sea bathing sometimes is of much service in chronic urticaria, but in most of the acute inflammatory affections of the skin its use is to be prohibited.

2. In regard to ablutions or washings and bathings or soakings with hot and cold water, much may be said. The general tendency is to bathe or wash a diseased part for the sake of cleanliness, and this will pretty certainly be done, whether the physician directs it or not, and often in a manner greatly injurious to the lesion. It is a most common practice to wash eczema, and especially do we often see the eczema of children washed diligently, often several times daily, the mothers saying that they find it "impossible to keep it clean." Now, in my opinion, an eczematous surface should be washed very seldom, and that only by special direction from the physician. Nature seeks to make a protective covering with the exudate; this is continually removed by washing, the process is repeated, and cure is most certainly retarded.

The same is true of eczema in the adult; as an instance of the effect of water in causing and prolonging an eczema, we may mention the case of the eruption when it occurs on the hands of wash-women or those whose occupation compels frequent wetting of the hands. It is next to impossible to cure some of these cases, as in bar-tenders, waiters in hotels, as well as wash-women, without a cessation of the occupation, and just so impossible is it to cure certain cases of eczema while frequent washing is practiced voluntarily.

But washing is indicated at times, and some judgment is necessary to determine just when this should be practiced. In eczema of the scalp it is rarely best to wash the head more than once or twice a week.

Proper use of water is also of much service in certain patches of chronic eczema, when there is much thickening of the skin, with oft-times desperate itching. Such patches may be washed daily with advantage, and sometimes they will bear a very great stimulation. Thus, taking the sapo-viridis and a bit of flannel and water, very sharp friction may be made for several minutes, after which the part is to be washed off clean with warm water and immediately covered with the appropriate dressing; the stimulation may even be carried so far as to use a brush, and I well remember a plasterer at Demilt Dispensary, who scrubbed the backs of the hands with a common floor scrubbing-brush and soft-soap and water until they bled. The result of this active treatment was to remove a greatly thickened eczema of many years' standing so effectually, that, although he has continued his occupation and I have seen him repeatedly during the past four years with eczema on the sides of the hands and fingers, the backs of his hands, which were the seat of his severe attack and energetic treatment, have remained perfectly smooth and healthy.

Hot water is sometimes of the very greatest value in eczema. In eczema of the anus often nothing gives so much relief as holding a cloth dipped in water, as hot as can be borne, against the parts, and repeating the application two or three times; the part being then covered with the dressing appropriate to the case; the same is of service in eczema of the vulva. In eczema of the scrotum I frequently direct that the part shall be suspended for a few moments in a cup of very hot water before other application is made. Simple pruritis of these parts is also often greatly relieved by these hot applications.

Chronic eczema of the palms of the hands, where the surface is hard, dry, fissured, often shiny, and the hands well nigh useless, will sometimes seem almost to melt away under the daily soaking of the palms on the surface of a basin of scalding hot water, followed by diachylon or other ointment. Eczema of the ends of the fingers and of the nails sometimes yields to this after all other measures have failed.

Onychia, both where there is and where there is not an apparent eczematous element, is also very greatly benefited by these soakings in very hot water, accompanied and followed by other appropriate measures.

Indolent ulcers of the legs take on active changes and often cicatrize rapidly under the powerful stimulation of the alternate application of a cloth dipped in very hot water, followed instantly by one taken out of a vessel of very cold water.

Very striking results are often obtained from the use of hot water in some of the forms of acne. It is applied by means of a cloth, as a handkerchief, dipped in hot water and held to the face until the heat of the cloth has passed off, when the performance is repeated two or three times for a period of not over three minutes to five altogether; a long soaking of the face in the water which is not hot enough will aggravate the eruption, but the reaction following the brief application of very hot water, is often very remarkable. After multiple scarification of the pustules and papules of acne, prolonged bathing with tepid water is of service in encouraging the bleeding, which otherwise always tends to cease sooner than is desired.

In certain cases of chronic erythema, where the congestion resists other measures, the alternate application of cloths dipped in very hot and very cold water, serves to break up the capillary stasis. On the other hand, repeated washing of ulcerative surfaces will often be quite sufficient to prevent their healing; this is often seen in ulcerative syphilides, which will sometimes resist the proper internal medication as long as repeated washings are persisted in, and yields to it almost immediately when cotton batting is applied and left undisturbed. Varicose ulcers of the leg are not infrequently kept from healing by the too diligent cleansing which patients are ever ready to bestow.

3. Cold and hot packing in wet sheets, as practised in the water cures, is of a certain value as a remedy in diseases of the skin. The results which sometimes occur, as boils on the surface, are to be deprecated, and are not, as is popularly supposed, either a good sign, or a good element in the treatment; we, of course, no longer believe that there is a "materies peccans" which needs to be eliminated. But the wet pack has served well in the hands of Hebra in the treatment of acute psoriasis, also in acute general eczema. The packing is made twice daily, for several hours, morning and evening.

This is most conveniently accomplished by placing two blankets lengthwise upon a bed, and over them a sheet dipped in cold water. The patient then lies naked upon this, which is closely folded over him up to the chin, and the blankets are then wrapped closely around, and the whole done up with bands, so that the patient is immovably fixed, helpless indeed. The first sensation is that of a pleasant glow, and before long perspiration ensues, which should be encouraged by draughts of water frequently given; the packing lasts from two to five hours. It should never be forgotten to place an urinal between the thighs of the patient before envelopment.

Under this treatment the scales of psoriasis disappear, and the red patches daily become less visible. Few patients in this country will submit to this treatment, but when it is desired to remove the existing eruption in the shortest possible time, it is of value. Packing is not of service in many affections of the skin, and should seldom be prescribed, although in the water cure establishments all eruptions are submitted to this course. The profession need more accurate scientific information in regard to the precise effects and the therapeutic indications of this powerful remedy.

The indiscriminate use of a mercurial or sulphur vapor bath when the skin is affected is highly reprehensible.

The real utility of sulphur vapor baths in diseases of the skin is in a measure still *sub judice*. Their anti-parasitic value is fairly positive. If well used they will cure scabies, phtheiriasis and the vegetable parasitic diseases. But even in these the irritation occasioned by them is sometimes so great that the artificial eruption produced quite masks that of the disease proper and prevents their continuance. Sulphur vapor baths are also of some value in psoriasis, and occasionally the eruption will seem to yield to them, but quite as often they are powerless, as I have frequently witnessed. Chronic, more or less generalized papular eczema, may be much benefited by sulphur vapor baths, given every other day or so; but here care must be exercised, for this very condition may be entirely caused by their use. —(*Chicago M. J. & Ex.*)

A CASE OF POISONING FROM THE USE OF THE COMPOUND TINCTURE OF CINCHONA, PRODUCING PERMANENT CONTRACTION OF THE VISUAL FIELDS AND TEMPORARY IMPAIRMENT OF SIGHT AND HEARING.

By D. B. St. John Roosa, M. D.

On the 3d of July, 1878, Dr. L. M. Yale asked me to see a case of loss of sight, of which the following history was obtained: Mr. B., æt. 50, a man of very intemperate habits as regards the use of alcohol. He had been accustomed for years to drink enormously of brandy and whiskey at intervals, but there were periods of varying length, from one to three or four months, of total abstinence from intoxicating drinks.

Mr. B. was told that the use of the tincture of *cinchona* would relieve him from his periodic craving for alcohol. On June 24th of this year he began its use, with a view of correcting his intemperate habits. On that day, as well as on the 25th, 26th, 27th and 28th he continued to take the compound tincture in ounce and two ounce doses, at short intervals, literally drinking it as a beverage from a quart bottle, in which he had caused an apothecary to place as strong a preparation as possible. On the 28th, although he had taken none of his ordinary alcoholic stimulants, his clerk thought from his conduct that Mr. B. had been drinking heavily. Dr. Yale estimates that in these days the patient took an amount of the tincture which would be equivalent to 125 grains of an *alkaloid of cinchona*. Mr. B. has no recollection of any occurrence after the 27th. He is confident that he took no alcohol, except that contained in the preparation of *cinchona* during these days. This, however, may be doubtful, for the clerk of the hotel to which he went when in what proved to be a semi-conscious state on the 28th, states, that while he lay in bed he was constantly ringing the bell for liquor. It is possible that during this time some doses of alcohol were added to those of *cinchona* although Mr. B. does not believe this to be the case. On the morning of July 1st he was seen by Dr. Hills in the absence of Dr. Yale. He found the patient stupid or half conscious, with flushed face and conjunctivæ, and apparently unable to see or hear. Mr. B. remembers Dr. Hills' visit on Sunday, and knows that he was then blind and deaf. Dr. Yale saw the patient on Monday and Tuesday, July 2d and 3d. His hearing power improved so much in that time as to become apparently normal, but his vision remained very much impaired. On the day I saw Mr. B., the 3d, he was groping about his room, apparently in excellent general health. V. *R. E.*—quantitative perception of light. *L. E.* counts fingers at one foot. The ophthalmoscope showed lessened size of the arterial vessels; no abnormity in the veins, lessened number of vessels on the papillæ, but no marked paleness. No changes observed in the membrane tympani. The patient was advised to take *strychina* in increasing doses, and nutritious diet. On July 6th he was able to walk about. V.—$\frac{20}{20}$ each eye, but the visual fields were very much contracted, so that vision was telescopic.

On July 16, 1878, both visual fields were found concentrically limited. The measurements, drawn on a

blackboard 14″ distant, were as follows: Right field, vertical, 9 inches; horizontal, 7½ inches; limitation most marked in temporal side. Left field, vertical, 7 inches; horizontal, 8 inches; limitation more regular. B. found this symptom rather novel than troublesome. The optic papillæ looked very pale, and the arteries were narrow. July 23, V.—$\frac{20}{20}$ each eye. Patient states that he can see perfectly well in a straight line, but that when walking about a room he has some difficulty in seeing small articles of furniture.

Sept. 10th.—The same condition is maintained. The *strychina* was taken until $\frac{1}{10}$ grain had been reached at a dose, and was continued for two months. The visual field remains as on July 16th.

April 23d, 1879, Mr. B.'s condition remains substantially the same. He continues to abstain entirely from the use of alcohol, and carries on a large business successfully. His vision is still $\frac{20}{20}$ each eye. The visual field has increased somewhat in the left eye. It now measures 9 inches vertically and 16 inches horizontally. F. of *R. E.* 6″ vertically, 9″ horizontally. Limitation most marked at upper-inner quadrant. The optic disks are pale and the arteries small. There are no other ophthalmoscopic appearances.

Remarks.—Mr. B. had taken no *Alcohol* for some months prior to his beginning the use of the *Cinchona*, and he took none until he became unconscious on the fourth or fifth day. Although he went about and transacted business on the fourth day, he has no recollection of what he did. When found, he had an empty bottle (holding a quart) in his room, labeled and giving positive evidence of having contained *Cinchona*. He certainly did not take many drinks, if any, after he reached the hotel, for the clerk, knowing his former habits and supposing him to be suffering from an ordinary debauch, refused to answer his demands. It is *not known* that he took anything but the *Cinchona* at any time after he began the treatment of the alcohol habit.

We have here, then, a case of hyperæmia of the vessels of the ear from the use of *Cinchona* and alcohol—a hyperæmia which passed away without going on to an exudative process; but the same condition in the vessels supplying the retina continued until a true vasculitis, with its consequences, resulted.

The future condition of this patient, even if he never assumes the alcohol habit, cannot be regarded without anxiety. It is to be feared that in time the macula may be insufficiently nourished from further contraction of the vessels. The peripheric parts of the retina have now very little, if any, perceptive power; the nerve is perhaps undergoing atrophy. It is, I think, undoubted, from many experiments, among which are my own, that *Cinchona* causes at least temporary hyperæmia of the vessels of the base of the brain. I am fully aware, however, that, although certainly there was absolutely no loss of sight until the poisoning by *Cinchona* occurred, there may have been changes in his circulation induced by alcohol prior to this attack, and I also do not forget that there was enough alcohol in the preparation which he took to prevent the case from being a typical one of *Cinchona* poisoning, yet the quantity must have been too small to have added much to the effect of the other drug. He may, however, have drank considerable brandy on the day of which he has no recollection, and some also after reaching the hotel. Certain it is, however, that he reached the unconscious state upon doses of the *Tincture of cinchona* alone. Imperfect as is the case in some respects, it may, I think, be regarded as a contribution to our knowledge of the effects of *Cinchona* upon the nutrition of the eye.—(*Arch. of Ophthal.*)

TRICHINÆ.—*Alcohol*, as well as *Salicylic acid*, in quantities of 10 to 15 grams (½ to ½ oz.), cause the rapid disappearance of trichinæ.

NOTE ON THE TREATMENT OF ACUTE SUPPURATION OF THE MIDDLE EAR.

BY DR. EDWARD T. ELY, NEW YORK.

The tendency to spontaneous recovery, manifested by so many acute diseases, is observable also in acute suppuration of the middle ear. Probably this is not a new thought to any reader of this paper, but it seems to the writer to be too much ignored in practice. Great labor has been required to lead physicians and laymen to consider acute suppuration of the middle ear as of any importance. This work has involved much writing and discussion as to the nature of the disease, and as to the necessity for prompt and efficient treatment of it. It is natural that many practitioners, having thus been laboriously awakened to its importance, should hold exaggerated ideas as to the remedies required for its cure.

Notwithstanding the efforts which have been made to bring patients with acute aural disease under treatment, the majority of them continue to be neglected by themselves and by their family physicians. The numerous cases of acute suppuration of the middle ear which have recovered and which are constantly recovering, in spite of neglect or of bad treatment, afford proof of a tendency to self-limitation in the disease. Every aurist sees many patients who, in stating their history, refer to former suppurations of the drum which have ceased spontaneously. The drumhead is found to be well healed, although it may present extensive cicatrices, and the hearing is either perfect or only slightly impaired. It cannot be denied that many of these patients have fared as well as if they had been under the most skillful management.

Admitting these facts, should they not influence our practice somewhat? It is not intended here to underrate the importance of having every case of this disease under the observation of a competent surgeon from the outset. Nor is it designed to make any argument against the greater part of the treatment usually employed, but simply against the use of astringents or caustics before they are certainly indicated. We are assuming that the pain and congestion of the first stage have been subdued and that we have to deal only with a perforated drumhead and a suppurating tympanic cavity. Under these circumstances, would it not be preferable, in every case, merely to keep the ear clean, and to watch it for a few days, to see what it is disposed to do for itself, before resorting to any more active treatment? It will surprise a person who has never done this, to find how often the drumhead will heal and the disease be cured before this watching process is finished. The application of an astringent or caustic is certainly needless in many instances. The use of them, moreover, has certain disadvantages. If, in such a condition as we are considering, the surgeon immediately applies them, he complicates the problem before him. If the ear does not happen to do well, he is at a loss to know how far this is due to the disease, how far to erroneous treatment. Any person who has treated a severe case of purulent ophthalmia, threatening destruction of the eye, knows how embarrassing our uncertainty as to the choice of remedies may become. If, on the contrary, a suppurating tympanic cavity has been watched long enough to determine its natural tendency, any needed remedy can be adapted to it with far more accuracy. The choice of even such mild remedies as our weakest solutions of zinc or alum is not a matter of indifference. We have all seen cases where they seemed to increase the swelling or the discharge or the loss of tissue. The following one seems to show a still more serious effect:

Miss H., aged 20, consulted me November 30, 1877, with acute suppuration of her left middle ear of ten days' duration. There was a free discharge of pus,

and no pain or swelling. I ordered syringing of the ear, and the instillation of a two grain solution of sulphate of zinc twice daily. Immediately after using the zinc drops she began to have violent pain in the ear. This pain continued all night, and when I saw her the next day the auditory canal was so swollen that the drum could not be seen; the whole of that side of the face was swollen and tender, and there was congestion and pain in the eyeball. There was a temperature of 101° and some vertigo. Leeches, hot water, morphine, and rest in bed were prescribed. The pain, swelling, and vertigo did not disappear until the evening of December 4. I always attributed this attack to the effect of the zinc, although I have no further proof of the fact than the patient's own belief of it, and the history of the case.

The following cases are offered in illustration of what has been said above. Only a few are given out of a larger number which might have been presented had it been thought essential to the argument:

I. Susie M., aged 6, came on November 11, with a history of pain in her left ear from six o'clock until eleven of the previous evening. The drumhead was found congested and ruptured, and there was a purulent discharge. Syringing of the ear with warm water twice a day was ordered. On the 14th there was no discharge, and the perforation seemed to be healing; the syringing was discontinued. On the 16th the perforation had healed and the hearing was fully restored.

II. Miss J. H., aged 21, came on March 11, having had severe pain in her left ear since 3 A.M. The drumhead was found ruptured, and there was purulent discharge. The hearing on that side was six-fortieths. Leeches and the hot douche were ordered, and they seemed to arrest the pain at once. After that the ear was simply syringed occasionally with warm water. On the 13th the perforation was nearly closed. On the 18th it was completely healed, and the hearing was forty-fortieths.

III. Mrs. M., aged 35, came on March 17th, saying that she had a cold in her head for the past week; that two or three days ago, while blowing her nose, she felt a "cracking" in her right ear, and since then there had been a discharge from the ear. (Before this trouble the drumhead on that side was cicatricial from a suppuration in childhood.) A large perforation was found in the posterior part of the drumhead, with a mucopurulent discharge. The hearing was $\frac{6}{40}$. Syringing with warm water, two or three times a day, was ordered. On March 19th the perforation was much smaller; the discharge was still abundant. On March 20th there was no discharge. The next day her cold became worse, and she had some fever. The following three days she had throbbing and tinnitus in the right ear with re appearance of the discharge; also had some vertigo. Was taking *Quinine* during this time. On the 25th the discharge had ceased, and a few days later the perforation was healed. Hearing $\frac{6}{40}$.

IV. Mr. W., aged 40, came on February 24th with a broken drumhead and acute suppuration in the right middle ear. The discharge had appeared on the 19th, after eight hours of pain in the ear. Syringing with warm water was prescribed. On February 27th the discharge was found to be less. On March 2d the discharge had ceased and the perforation was very small A few days later the drumhead was found to be healed and the hearing restored.

V. Master L., aged 5, came June 17th with a history of earaches, both sides, for the previous four weeks. An examination showed perforation of both drumheads and acute suppuration of the middle ears. No treatment was employed except syringing with warm water. The patient made a perfect recovery.

VI. Master F., aged 14, came on April 7th with acute suppuration of the left middle ear. The use of the warm douche was prescribed. On April 17th the ear was doing well, and the hearing was $\frac{12}{40}$. A few days after this the patient was cured.

In this case and the preceding one the exact date of recovery was unfortunately not recorded.

VII. Miss M., aged 18, came on December 14th with acute suppuration of the middle right ear, of a few days' duration. She had already had a chronic suppuration of that ear, following measles, which had been checked, without restoration of the drumhead. Warm syringing was prescribed. On January 11th the discharge was found to have ceased.

VIII. Master V., aged 16, came on June 20th with an acute suppuration of the left middle ear. The discharge, which was very bloody, had been noticed by the patient a day or two previously, after a night of very severe pain in the ear. There had already been marked deafness on both sides, from chronic catarrh, for many years. The only treatment prescribed was syringing of the ear with warm water two or three times a day. On June 27th the drumhead was found to be healed. There had been no discharge for several days.

The cases given above are thought to be sufficient in number and variety for the purposes of this paper. The local treatment in all consisted simply in syringing the ear with warm water as often as seemed advisable. Of course the throat and the general health received attention when it seemed needed. It is believed by the writer that treatment as simple as this is sufficient for many cases of acute suppuration of the middle ear, and that it is usually well to make a trial of it for a few days before resorting to anything more energetic.

Several of the cases here presented are from the practice of Dr. D. B. St. John Roosa, to whom I am indebted for the use of them.—(*Arch. of Otol.*)

THE MICROSCOPE AS AN AID TO SURGICAL DIAGNOSIS.

By J. G. Gilchrist, M. D., Detroit, Mich.

For many years the idea was very general that the histological characters of morbid growths, particularly with reference to constant and pathognomonic cellular elements, were alone diagnostic of the species and class to which a suspected specimen belonged. Later, opposite views obtained currency, and it became the fashion to depreciate microscopical examination. As microscopic knowledge became more general, the question finally assumed something resembling a solved problem, and surgical practitioners are quite equally divided into two parties, which, while radically opposed to each other on some questions of classification, are agreed on the value of the microscope as one of the aids to diagnosis. It has assumed this condition: That while alone, an appeal to the microscope will very rarely determine the nature of a tumor, except, perhaps, as regards malignancy; as a corroborating witness its testimony is conclusive. There are few surgeons of experience who, having once diagnosticated a tumor, have had their decision reversed on an appeal being taken to the microscope. This would seem to determine that the clinical classification is of greater value than the anatomical, and such I believe to be the case. We know that, in spite of the most elaborate reasoning of the anatomical school, there are three distinct classes, which, it is true, occasionally present specimens in which two or more species seem to be blended, and the adherents of the clinical party can appeal to their opponents that it is often the case that a specimen is found which should justly be placed in a class by itself. In my teaching it was my custom to insist that we had an *homologous* group, in which the cellular elements were apparently formed and *fac simile* of normal tissue—a *compressed* group, in which these elements were embryonic—but apart from abnormal location were only recognized by their immaturity. Lastly, a *heterologous* group, in which the multiplicity

and immaturity of the cellular elements at once stamped the specimen as a different species from the others.

While enabled to detect, in this way, the class to which a given specimen may belong, we are often puzzled to determine what particular form of tumor we have; but, as Richardson says (Med. Microscopy, p. 306): "On the other hand, however, the student can comfort himself with the assurance that he will meet with numerous examples of malignant and non-malignant growths, when, with ordinary care and attention, he may with confidence promptly answer the questions propounded to him; and just as he gains more experience in the work, and becomes more skillful in the use of his microscope, will the proportion of insoluble problems diminish, until their number becomes very small indeed."

Having determined the *anatomical* character of a morbid growth, I apprehend the therapeutist has made little progress in devising means to cure his patient. The *clinical* student, however, will have a more definite conception of prognosis and treatment, and, to my mind, a far more rational and comprehensive knowledge of the etiology of the case in hand. This, however, is not the object of the paper, which is simply intended to call out the experience of our surgeons as to the value of the microscope in diagnosis.

Not to multiply instances, or unduly lengthen this paper, I will simply call attention to one additional fact in this connection. In lithiasis, it is well known, both the microscope and urinalysis frequently fail to determine the existence of urinal stone; in one instance the urine will be found very heavily loaded with calculous elements, and no stone exist; in another there will be entire absence of such indications, and yet large stone found. But here comes in the value of the microscope, etc. Having detected the stone, the fact of its vesical or renal origin, *i. e.*, local irritation, or general constitutional disturbance, can be determined; and thus, also, learning the density and hardness of the calculus, lithotomy, or lithotripsy may be attempted each in appropriate cases. No man could hope to *cure* the oxalic diathesis, or even that of uric acid, by a single application; he would recognize the necessity for medication. So with a phosphatic or calcareous connection; he might often hope to remove the whole trouble by mechanical removal of what has now become both a cause and an effect of the morbid action.

TREATMENT OF ULCERS, VARICOSE VEINS, ETC.

By F. H. Stuart, M. D.

The first step in the process of healing seems to be the subsiding of the swelling in the surrounding tissues. Hence whatever tends to remove this swelling promotes the healing process. One of the most important and certain means of securing this is by compression regularly applied. Bandages of various kinds have been used for this purpose for many years. Plaster dressing and adhesive plaster have also been recommended. The success of Baynton's method is due to the compression of the vessels and tissues, and not, as he supposed, to the effect upon the lymphatics alone This is one of those curious instances where a practical man suggests a valuable remedy, but gives an erroneous explanation of its action.

In the pure rubber bandage of Dr. Martin, of Boston, is found a most valuable addition to the means of cure of a large class of diseases. It meets indications that are almost essential to success. My experience of over a year does not warrant me in speaking of it as enthusiastically as its author does. Yet cases of ulcer, varicose veins and eczema have improved and been cured with *remarkable* rapidity; and *in every case* the expression of *comfort* from its use has been very emphatic. "I would not be without it," "I would not take five dollars for it," "I would not part with it," are common forms of expression after a patient has used it for a short time. Although ulcers, varicose veins and eczema may be cured by other means, the great advantage of the rubber bandage is, that it permits patients to go about and pursue their avocations. They do this with great comfort, and without at all interfering with the process of cure. Indeed, I am of the opinion that it is a great aid to cure for patients to be about. The general health is invigorated, and they experience the tonic effect of feeling and being as comfortable and vigorous as ever. Every one has observed how curative this mental state is in almost every class of disease. It is a therapeutic measure eargerly to be sought after.

It may be well to inquire how the pure rubber bandage accomplishes the result in these cases. It does so by the gentle, equal and continuous pressure it maintains. It supports and assists the capillary circulation. This pressure also promotes the absorption of the fibrinous or serous deposits in the tissues. The rapidity of the absorption is sometimes very surprising. It is not necessary to raise the question as to how this is accomplished—whether by the effect upon the lymphatics or by the capillaries. It also mechanically expels the blood from the over-distended and weakened veins, which it supports and compresses. Often there is a weakened condition of the heart. In these cases the feeble circulation is aided by the elasticity of the bandage. The continuous warmth and moisture, and the exclusion of the air, are other elements contributing to the favorable result.

The mode of application is important. It should be applied so as to make *gentle, even pressure*. It should not give the sensation of squeezing. It is only necessary to put it on tight enough to keep its place. It does not readily slip. Each fold should overlap the previous one about half an inch. It is not necessary to make any reverse turns—only to wrap it round continuously. Its elasticity makes it fit everywhere with equal smoothness and comfort. It should always be begun at the toes. It is applied directly to the surface, no protective being anywhere necessary. I always direct the patient to take it off *after* getting into bed, having previously made ready two basins of water by the bed—one to sponge the leg and the other to wash off the bandage. Then simply cover the ulcer or eczematous patch with muslin, so as not to soil the bed clothing. The bandage is hung over a chair till morning. It is to be re-applied *before rising*. No ointment or grease of any kind should ever be used, as it soon destroys the rubber.—*Proceedings Kings Co. Med. Soc.*

Experiments on Disinfectants.—By Dr. J. L. Nutier. Carbolic acid subdued the offensive odor, while the quite free bacteria are persistent, though diminished.

Chloride of lime destroyed the putrefactive odor and the bacteria themselves, no free bacteria being visible.

Permanganate of potash (Condy) presented similar microscopic characters, but the bacteria seemed to elongate, and torulæ were developed.

The terebene preparations destroyed the odor and precipitated the bacteria in flaky masses, but left some free, isolated, and almost motionless ones in the field.

Very similar characters were presented by M'Dougall's disinfecting liquid—the odor being affected to a very small extent, while the activity of the bacteria, though very slightly diminished, is persistent in the interspaces; while some are precipitated, others appear in the zoolea form.

Burnett's fluid acted similarly, but a very slight odor remained.—*Phila. M. and S. R.*

CACODYLIC ACID.

By A. F. Patter, M.D.

Cacodylic acid is composed of seventy-five parts arsenic, seven parts of hydrogen, twenty-four parts of carbon, and thirty-two parts of oxygen.

It is in the form of large oblique, rhomboidal prisms, brilliant, transparent, colorless, inodorous, and tasteless, soluble in water, alcohol and glycerine, "not at all poisonous, although it contains fifty-four per cent. of arsenic."

It is liable to contain cacodylate of mercury, unless it has been very carefully and skillfully prepared. I have seen several samples that have contained the mercuric salt; they had the peculiar metallic taste and the disagreeable odor of cacodyl, and were highly poisonous.

Cacodylic acid has been recommended and used as a remedy for asthma, neuralgia, chorea, hysteria, etc., in doses of from one to two grains three times a day in water.

It probably has no effect whatever upon the system when *pure*, as it is "an exceedingly stable compound." "It is not effected by nitric or nitro-hydrochloric acids; it may be boiled with them without the least change." Therefore cacodylic acid passes out of the body *unchanged*, the arsenic in it being not set free, and this is the reason it is not poisonous.

I would not advise its use, for, when pure, it is inert, and precious time is wasted, it may be, in experimenting with it, when the patient should have had the advantage and benefit of some well tried and reliable remedy. I have given from ten grains to three drachms of *pure cacodylic acid* in the twenty-four hours to dogs, cats, and rabbits without the least observable effect whatever.—*Medical Brief.*

The New Treatment of Stone.—There has, perhaps, been no greater revolution in any department of surgery in a brief space of time than that which has occurred during the past two years in the management of stone in the bladder. When lithotrity was first introduced it was thought that the dangers and terrors of lithotomy were to be a thing of the past, a memory of the Middle Ages; but gradually it was discovered that this operation was also not without its sufferings and dangers, and many ingenious instruments and much skill and practice were employed to reduce these to a minimum. The perfection of the modern lithotritist was supposed to have been realized in that distinguished London surgeon, Sir Henry Thompson. Here was the man who could count his cases by the hundreds, whose delicate touch with an instrument of his own device was supposed to have conquered that dread sequel of the operation, cystitis, if it was within the limits of human skill and ingenuity to accomplish it. The accumulation of a few great surgeons in the English metropolis made it possible to collect valuable statistics on the different modes of operating—to compare the old with the new, lithotomy and lithotrity. An inventory was accordingly taken some two years since, when, alas! for modern science, the prestige of the latter operation was about to wane. In vain had Sir Henry perfected himself in his art, in vain had he reduced the manipulation of the bladder to an almost incredibly brief space of time; many of his colleagues, led by Sir James Paget, were about to tender their allegiance once more to lithotomy. It was interesting to those whose privilege it was to witness the experiments quietly going on in this country at that time to watch the ebb and flow of the discussion, and to note with no small satisfaction how thoroughly each master stood committed to his own favorite procedure. As lithotrity was on the point of being abandoned, the key to the problem was discovered in the new operation which Dr. Bigelow has given us, rising, as it were, from the very ashes of the old. The establishment of the principle that the dangers of lithotrity were due to sharp fragments and decomposable *debris*, and not to the use of instruments, was a genuine and valuable discovery. A few years ago Mr. Clover invented a syringe to remove the sand left by the lithotrite, but the diameter of his tube did not permit fragments of even moderate size to pass, and its employment produced therefore no modification in the operation of lithotrity. The large tubes of a size supposed impracticable before Otis had shown the capacity of the human urethra, and the evacuating apparatus devised by Dr. Bigelow first made a thorough emptying of the bladder possible. Here, then, was an operation which rids the bladder of a stone as thoroughly as a lithotomy, but leaves no wound behind it.

Dr. Bigelow's new lithotrite is a valuable instrument, but should not be regarded as an inseparable part of his method. The ball-handle, the locking of the screw by a turn of the wrist, the rectangular blades, and the peculiar construction of the jaws to prevent impaction of fragments are great improvements, as is also its size, which enables the operator to crush the hardest as well as the largest stone. This instrument, without the essential features of "rapid lithotrity with evacuation," however, would not have saved the traditional operation of lithotrity.—*Boston Med. and Surg. Jour.*

How Shall We Prevent the Spread of Syphilis?—I believe this object can only be achieved by police supervision of houses of prostitution, and the frequent medical examination of the prostitutes, and of all men who desire to have commerce with them.

Dr. D. G. Brinton, who has been active in urging the profession to take some practical step towards the prevention of syphilis, graphically says: "To fold our hands and let this monstrous fungus grow, rank and rotten, in the night and dirt of our cities, is most unwise, unkind and wicked. Spreading up from the vile soil, syphilis and its sequelæ will wreak a terrible retribution on our chaste daughters and sturdy sons, and on their progeny to the third and fourth generation."—W. Lindley, *Pacific M. and S. J.*

Singular Treatment of Mental Alienation.—The director of an insane asylum in Vienna has introduced a singular innovation in the treatment of insanity. He has established a journal in the editorial charge of the patients. Disputants are selected from among the monomaniacs, who are pitted against each other in argument. For example, one who is convinced that his nose is made of sugar candy, and who always drinks through a straw to avoid getting it wet, is appointed to refute a second who believes that his beard is a green grass plot, and who waters it regularly to keep it from withering. We are assured that the logic of these poor madmen is sound and full of good sense as long as it has no reference to their respective hallucinations. A similar plan had already been devised by Lauret, except that in the latter case the contradictor was the physician himself instead of a patient.—*Ex-Union Medicale.* Ohio Med. R.

Hydrocele.—Dr. Levis, of Philadelphia (*Boston Med. and Surg. Jour.*), injects 20 to 30 minims of pure carbolic acid, after drawing off the fluid of the sac. It is efficient and *painless*.

Dr. Eugene Rollin Corson, formerly of the house staff, W. I. Hospital, has formed a partnership with Dr. L. A. Falligant, and will hereafter reside in Savannah, Ga. Dr. Corson's many friends will be glad to hear that he has sufficiently recovered his health as to warrant his attempting the practice of his chosen profession.

In-Growing Toe Nail.—Dr. Fanning, in the *Medical Brief*, gives what he terms "a most happy plan of treatment" for this painful affection. He applies a solution of caustic potash, of the strength of ʒ iij, to water, ʒ j, twice daily. The granulations soon recede, and then he raises the nail and inserts a wedge-shaped piece of cork. This ends the trouble.

EXTRACTION OF A HAIR-PIN FROM THE BLADDER.

By S. B. Brinkerhoff, M.D., Santa Barbara, Cal.

I was called at night to a patient eighteen years old, who stated that she had passed an old-fashioned gutta percha hair-pin into the bladder, and that it had been there seven days. A little blood had passed in the urine. I sounded the bladder, but could detect nothing of a foreign nature. Patient feverish; pulse, 110. I called in consultation another physician, and he decided, after careful sounding of the bladder, that there could be no hair-pin there. In the afternoon I injected the bladder with warm flax-seed water. Made another examination, but could detect nothing.

Next morning patient's pulse was 120; passing blood and pus with the urine, and slightly delirious. I had dilated the urethra by sponge tents all that the parts would bear.

I went to a silversmith and procured a small silver wire, and had a loop made at one end as large as would pass into the bladder, and had a stronger wire brazed between the loop and the ends of the wire, and wound this with waxed silk thread. With this instrument I determined to fish for the hair-pin. Passing the wire loop into the bladder, I soon found that I had caught something, which, with careful tension on my guide, and delaying from time to time, as spasms of the parts occurred, I soon brought so near the orifice as to be reached with a mouth-tooth forceps, and extracted. The wire loop had caught between the points of the pin.

I claim, in using the wire loop, that if anything was caught and could not be extracted, the loop could be disengaged and removed without injury to the surrounding parts. It is also a very simple instrument, easily made by any silversmith. My patient was about the house in ten days, and is now in perfect health.

Hydrophobia.—A woman showed the plain symptoms of hydrophobia, and the treatment was the hypodermic injection of *Curare*, administered simply with a view of neutralizing the convulsive cramps. The success of the treatment depended upon the fact that the author did not limit himself to minimal doses, but injected absolutely twenty centigrammes in several operations, all within five hours. It was amazing to see the cramp which tortured the patient before the antidote took effect. Very quickly set in the horrible convulsions in the throat, in the muscles of respiration, the hydrophobia, the raving and mania, which all seemed to threaten imminent death by suffocation and exhaustion. It was just in the height of this stage that the injections were made. As by a stroke the cramps ceased suddenly, but to recur after a short interval. After repeated injections the *Curare* mastered the rabid virus, which now showed its presence in the body only in light twitchings. At last the *Curare* began to exhibit in an alarming degree its own toxic effects, inducing great danger of paralysis of the circulation and respiration. These dangerous symptoms were only allayed by active efforts at artificial respiration, whereupon the patient fell into a condition of great weakness, from which, however, she slowly rallied to complete recovery.—*Allg. Med. Centralzeit*, No. 57, 1879.

To Test for Albumen.—Da Costa says drop the fluid slowly down the side of the test-tube upon the nitric acid. If any albumen be present, an opaque white ring is seen to cover the surface of the acid. This is the most delicate test with which I am acquainted.—*Courier of Medicine.*

The editorial office of the Cincinnati *Medical Advance* has been removed to Ann Arbor, Michigan.

The Hot-water Vaginal Douche.—Dr. E. C. Dudley. The necessary apparatus consists of a bucket suspended on a hook about four feet above a couch, on which rests a bed-pan (the bucket should be large enough to hold two or three gallons of water), a soft rubber syphon, and a rubber tube attached to an opening in the bed-pan and leading to another bucket placed on the floor.

Proper Method of Application.—1. It should invariably be given with the patient lying on the back, with the shoulders low, the knees drawn up and the hips elevated on a bed-pan, so that the outlet of the vagina may be above every other part of it. Then the vagina will be kept continually over-flowing while the douche is being given. 2. It should be given at least twice every day, morning and evening, and generally the length of each application should not be less than twenty minutes. 3. The temperature should be as high as the patient can endure without distress. It may be increased from day to day, from 100° or 105° to 115° or 120° Fahr. 4. Its use, in the majority of cases, should be continued for months at least, and sometimes for two or three years. Perseverance is of prime importance.

Milk Diet in Acute Rheumatism.—M. Biot, in an important work published in the *Revue Mensuelle de Medicine et de Chirurgie*, exposes new ideas on the nature of acute rheumatism. The treatment must be started as soon as possible, and pure milk must be used to the exclusion of any other food. The quantity may vary according to taste and habits of the patient; the minimum dose being one quart a day, which can be increased to two, and even three quarts.

It is necessary that the milk be taken in small quantity and at regular intervals.

In a short time—from three to seven days—the patient becomes convalescent. When the pains have ceased and the fever has subsided, the treatment must be continued with mixed food, but alcohol, wine and meat must be dispensed with for some time, otherwise a relapse would surely be the result.

Corrections to be made in Dr. Goodno's article in January issue.—First line of third paragraph should read felt for "feel;" first line, second column, page 229, should read Pott instead of "Post," and in several other instances the same error is made. Page 229, second column, line 20 from below, "phalangral" should read phalangeal; page 230, first column, line 25 from below, instead of "recommendation" read reconsideration; page 230, second column, line 12 from above, should read 200 cases instead of "no case;" line 16 from above read fractures instead of "fracture."

Report of the Brooklyn Homœopathic Hospital Dispensary, 109 Cumberland Street, for the month ending December 31, 1879: Prescriptions, 1,443; new patients, 786; average daily attendance, 61; largest attendance, 116. T. D. Koons, M.D.

A Ruptured Bladder was recently exhibited by Dr. Friedlander to the Berliner Medicinische Gesellschaft, *Berliner Klin. Wochenschrift.* The specimen was removed from the body of a woman who had fallen down a flight of stairs. A large quantity of fluid was detected in the abdominal cavity during life, but the urine could always be drawn off in considerable quantity. Death did not take place for eight days after the receipt of the injury. A rupture was then detected in the bladder wall, but the omentum almost completely filled the rent. The fluid in the abdomen had an odor resembling carbonate of ammonia; it consisted not only of urine, but also of peritoneal exudation.

The Homœopathic Times.

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"*A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and* OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession.*"—Code of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

THE STATE SOCIETY.

The annual meeting of the society will be held at Albany on the second Tuesday of February, and upon its deliberations will depend interests of vital importance to our school at the present time. There ought to be a full attendance of members, and the issues which come under consideration should receive careful, dispassionate discussion, with but one end in view, and that the triumph of *truth*.

If we desire to promote strife in our ranks, there is no better way to do it than to allow the promulgation of eccentric or peculiar notions—views which are held by a small minority—and attempt to coerce the majority into a belief in them.

The time has long since passed—if it ever was—when belief in any theory should constitute a qualification for membership in a scientific body. The homœopathic mode of practice is now so well known that a simple *preamble* indicating an interest in it should be the only requisite for candidacy for membership.

The more we attempt to formulate our theories dogmatically, the slower will be the progress of the school which adopts them.

There is too much difference of opinion respecting the practice of medicine to expect any great number to agree upon its minutiæ; hence the importance of a broad and catholic platform.

At no time in the history of our school was it so important that wise counsels should guide us as at present. The two extremes are becoming more and more arbitrary and dogmatic, and if we will avoid catastrophe their propositions must be so tempered that the conservative will not be driven to seek affiliation and protection in more genial atmosphere.

Already has the disaffection of the conservatives gone so far that some of them have joined the "old school" societies, asserting that there they are free to practice as they conscientiously can, homœopathically or otherwise; in other words, they are independent, and bound only by their own consciences.

The question is, whether the homœopathic school can afford to ignore the wishes of this large and intelligent class of our colleagues, or whether it should make its platform sufficiently broad to hold them?

It will be too late when they have gone to reconsider the matter, for they will not return, and with a declining membership our societies will soon feel the effects of their withdrawal.

We hope the society in its deliberations will look these facts squarely in the face, and not attempt to pervert, misinterpret, or defraud itself into thinking they do not exist.

It is all very well to say, "Let them go," as some will; but what will be the consequence to the school? From declining numbers will come failure of confidence of the community, and no *ex cathedra* statement that "Homœopathy is all-sufficient under all circumstances" will save it, because well known to be otherwise.

Again we say: Beware of the counsels of those who would surround us with "articles of faith!" for they have no place in any organization which claims to belong to the family of scientists.

In an article, nearly one year ago, we called attention to some clauses of the "Code of Ethics," bearing upon the subject of which a committee was appointed at the last annual meeting, to report at this, and we again call attention to the matter as having an important relation to the subject under consideration.

The "Code of Ethics" was adopted as a part of the by-laws of the society, and we must be careful, in adopting resolutions, not to violate either its letter or spirit. On account of the sentiment of the "Code"—and we see no reason for reiterating it in the form of resolutions—the resolutions presented by Dr. Fowler might be rescinded.

But whatever is done should not be hastily, for there is plenty of time, and it is better to take our leisure for consideration of the subject than for repentance after the harm has been done.

ORGANIZED CHARITY.

In large cities, and in smaller towns and villages, nearly every case of absolute want and distress can be met and relieved by a well organized system of charity; and that, too, more efficiently and at a less expense than in the fitful and desultory way in such common practice. The plan of indiscriminate giving without proper inquiry, sometimes from the warm impulse of a generous heart and sometimes to get rid of persistent importunity, is productive of positive harm by fostering vice and relieving a large

class, who are perfectly able to work, of the responsibility of taking care of themselves. As a proof of the efficient work which a well organized charity can accomplish at a comparatively trifling expense, we have only to point to the labors of the New York Diet Association and the Western Homœopathic Dispensary. The New York Diet Association was incorporated in 1873, having for its object the supplying of nourishing and well cooked food for the sick poor. It has at present three kitchens—the Centennial Kitchen, at 137 Centre Street; the West Side Kitchen, corner of Ninth Avenue and Thirty-sixth Street, and the East Side Kitchen, corner of Twenty-third Street and Third Avenue. The physicians of the dispensaries within whose district the kitchen is located have the right to give the requisition for the food. Each requisition may call for three articles, viz: one pint of beef tea, one pint of milk, and one egg, or two pints of milk and rice, according to the discretion of the physician. One requisition cannot run longer than seven days, when, if the patient needs it, a new one may be furnished. The patient sends for the food each day to the kitchen. While the rule of the Association is that only the *sick* ones of a family shall be cared for by this charity, much is done by the ladies having the kitchen under their particular care to alleviate the sufferings and needs of all with whom they come in contact. Even though a physician may visit the family, the matron of each kitchen is required to visit all who apply for relief, not only to guard against imposition, but that all proper means may be taken to restore the sick to health and comfort those who are incurable.

In the Centennial Kitchen during 1879 there were given out to 6,458 patients 10,485 pints of milk; 2,315 pints of beef tea; 2,702 eggs; 1,653 portions of rice and 7 portions of oat-meal, at a cost of 16 cents a day to each patient. We are indebted for the above statement of the New York Diet Association and the Centennial Kitchen to Mrs. Harriet B. Barrow, directress. It will be impossible to measure the amount of real, positive good which has been quietly accomplished by this thoroughly organized and well directed system of charity. It goes with its blessings to those who are really needy, many of whom, in their desire to avoid public notice, would die of starvation were it not for the helping hand of this true, practical, Christian philanthropy.

The Western Homœopathic Dispensary during the past seven years has treated over one hundred thousand patients, many of them at their own houses, and given out more than two hundred thousand prescriptions, at a cost not exceeding three cents to each prescription. Working hand in hand with the diet kitchens, giving not only medicines and medical advice, but often what was far more necessary, food, the amount of good which has been accomplished in a quiet, unostentatious way, is beyond estimate. What has been accomplished by the New York Diet Kitchen and the Western Homœopathic Dispensary can be accomplished wherever there is need of such organizations. The cost is comparatively trifling; the good is beyond estimate. The work appeals strongly to the medical profession, whose members not unfrequently forget the wants of the poor in the selfish desire for personal aggrandizement.

PHILANTHROPY RUN MAD.

Men whose minds revolve around a single idea are very apt to allow that idea to lead them into the wildest vagaries and most absurd positions. We in New York have had a feeling of pride in Mr. Bergh, the able and energetic President of the Society for the Prevention of Cruelty to Animals. That society *is* Mr. Bergh, for without him it would never have had an existence. It has done a most Christian work, and is one of the most useful organizations in the city. Mr. Bergh and his society, nevertheless, require careful watching. Confined to their legitimate business they deserve all praise, and should receive the support of every good citizen. But when Mr. Bergh attempts to shut down the gate on the progress of physiological science, it is quite time, in the interests of science, the public, and especially the medical profession, should say, "hands off; we do not intend to permit you to obstruct the wheels of progress by any of your fanatical ideas. So long as you confine yourselves to a rational interpretation of your legitimate business we will help you, but when you go beyond that we will stop you."

Mr. Bergh has introduced a bill into the legislature which virtually puts an end to all vivisection, and as the greatest progress in physiology has been made by investigations on the living subjects, this science will come to a stand, and all further progress be debarred. If these investigations were made at the expense of great physical suffering, Mr. Bergh would have a strong argument in favor of his position. But there is no suffering. The animal is put under the influence of a potent anæsthetic which effectually puts an end to all suffering. We have no doubt there is a great deal of entirely useless vivisection done by physiologists, but so long as not one particle of suffering is produced, this work had better be left to the judgment of scientists themselves.

EXAMINERS IN LUNACY.

The examination of persons suspected of insanity has been considered of sufficient importance for the Commonwealth to order that "no person shall be committed to or confined * * * except upon the certificate of two physicians, *under oath*." It also provides that said certificate "be approved by a judge of a court of record," etc.

Notwithstanding the care with which the law has been framed, there is still the greatest opportunity for injustice in regard to these unfortunates, one of the most important of which is the looseness and carelessness with which some of these examinations are conducted.

The subject of our complaint would not in the least be affected by a more rigid selection of the examiners; for the trouble does not lie in this direction, but rather in the lack of appreciation of the gravity of the undertaking, error in judgment respecting what constitutes insanity, or from interested motives, either personal or secondary.

Every examiner in lunacy ought to have a keen perception of the crime of *perjury*, and conduct each examination of this kind as if it would be the basis for an action of this character.

There is great danger in placing too much confidence in the history of the case, which is liable to be colored by influences too subtle for analysis in the short space usually accorded to such examinations.

The reasons for declaring a person insane should be not only beyond doubt in the mind of the examiner, but so clear that they can be demonstrated to the satisfaction of any intelligent disinterested individual who may have the right to inquire.

A proper understanding of this matter would have done much to disarm those enthusiastic alarmists who instigated the late movement which resulted in the recent legislative inquiry.

The general profession owes to itself and to theCommonwealth at large a full knowledge of this important subject, to the end that they may not only quiet the anxieties of interested clients and friends, but also that they may impart information to legislators in their respective localities—who are not expected to be so familiar with the subject as medical men ought to be—in order that they may act intelligently, should questions in this regard arise in those legislative bodies to which they may have the honor to belong.

The committee of the State Senate did excellent service when they investigated last winter the gross and insinuating charges respecting the institutions for the insane, and its report should be in the hands of every physician in the State. It is more than likely that these grumblers, who know very little of the inside workings of these institutions, will continue their work and, if possible, cause more alarm to those who may be grieving over the necessary incarceration of some loved one.

It devolves upon the members of the medical profession to restore peace by means of enlightened confidence in those who have official connection with our institutions, and who are thoroughly competent for their work and surrounded by sufficient guards for the public safety.

THE LUNACY QUESTION.

In order that our readers may feel assured that there is not the occasion for alarm which some would make them think, we submit the following able report concerning the subject, made by the "Committee on Public Health" in the State Senate, May 22, 1879, based on a most thorough investigation:

The general assertions of the petition are not substantiated by any facts. They are merely allegations of mismanagement and defects, and incompetency of officers. Not one of the petitioners, medical or lay, so far as the committee are aware, has even been inside of the State institutions for several years past, and only some half-dozen have ever been in any of the wards of any of the asylums. Dr. Chapin, of the Willard Asylum, recognized the name of but one person on the petition who had ever visited that institution. Dr. Gray, of Utica, said that but two out of the whole number had ever visited the wards of that asylum, and neither of these for several years past. Dr. Cleveland, of Poughkeepsie, said that but four or five had ever visited that institution since its opening, and these not for several years. Dr. Hammond had never visited the Willard Asylum, had been at Utica but twice, twelve and eight years ago, at Poughkeepsie but a few times, and at Blackwell's Island before the incumbency of the present superintendent, and at Bloomingdale under a former superintendent. Dr. Morton had never visited any asylum except Ward's Island a few times. Dr. Spitzka had never been in any of the State institutions, and had no personal acquaintance of any of the officers; had never visited but one of the city asylums, and the same could be said of Dr. Kiernan.

The value of a petition gotten up by persons so wholly ignorant of the institutions, signed by persons with no knowledge on the subject, it requires but little to estimate.

In conclusion, the committee would say:

First. The petition is not substantiated in its allegations by any existing state of facts. The Governor in his last message to the Legislature has spoken of the satisfactory condition of the State asylums from personal visitation.

Second. The Board of State Charities, an official visiting body, has never suggested any such defects or mal-administration of any kind in their annual reports to the Legislature. A special committee of that board (President M. B. Anderson, of the Rochester University, and Mr. E. W. Foster), after examining the State asylums with reference to similar insinuations and allegations, reported on December 15, 1877, that "the community is justified in having entire confidence in the administration of these institutions."

Third. It appears from the archives of the State Commissioner in Lunacy, as well as from his personal statement before the committee, that since the creation of this office, no formal complaints have at any time been made or filed with him against the management or internal administration of any State asylum, and his reports and personal statements before the committee show that no occasions calling for special criticism upon such management or administration have up to this time presented themselves.

Fourth. The insinuation of the petition that the superintendents of these State asylums are not thoroughly trained and thoroughly competent medical men, is too notoriously untrue to require denial.

Fifth. It is not true, as alleged in the petition, that undergraduates in medicine have been appointed a assistant physicians in State asylums. The charge is a reckless misrepresentation of these officers, and, und a examination, the four persons appearing admitted th From the statements of the superintendents of asylu it appeared that in almost every instance assista

have received training in civil or military hospitals, and in other cases an equivalent in medical practice after graduation. Outside of the State asylums it appears that but one undergraduate is employed, and that he obtained his place by examination as to qualifications by the authorized medical examining committee of the institution in which he is employed.

Sixth. In the judgment of the committee, there is no necessity for investigation or examination into the management of any of the State lunatic asylums. This petition sets forth nothing new or valuable, and all the persons signing it, as far as the committee have been able to ascertain, have no personal knowledge of these institutions, or of the allegations made in the petition, and many of them are so obviously and grossly untrue that they would seem to be the offspring either of ignorance or malice. In either case they are unworthy of notice.

This attack by medical men on the scientific work of a State institution evinces an ignorance and a spirit of recklessness unworthy of a great liberal profession, and should be condemned by all who have the interests of science and humanity at heart.

The assailment of public officers and the great charities of the State in such a reckless manner, the committee believe, should be exposed, not simply because it is a wicked use of the sacred right of petition to the injury of individuals, but it also creates public distrust in the administration of State charities, and fills with unnecessary pain the hearts of those who are obliged to commit their loved ones to the care of these institutions, and further, because it tends to degrade the dignity of the State.

There is a set of men here, very few of whom are experienced neurologists, who constitute an organization styled the Neurological Society. It is well known in this community that Dr. Hammond is its controlling spirit, and when he wants "chestnuts," he uses this organization as a means of getting them. There are apparently many unseen inside wheels here, and anything this Society may do should be accepted with *caution!*

At a recent meeting, the investigation, of which the above is the conclusion as adopted by the Senate, was severely condemned, and measures instigated for further agitation in the present Legislature.

We trust the profession at large will take means to protect the community against such marauders, and expose their *real animus.*

THE PROPOSED STATE BOARD OF HEALTH FOR NEW YORK.

Special attention is invited to the following plan for a Board of Health for the State of New York, which will be at once proposed to the Legislature in the form of a bill, and which it is hoped may soon become a law. This plan has been prepared after extensive consultation with those most interested in the subject, and it embodies several points which are new in such legislation in this country. It has been largely because of the supposed difficulty of harmonizing the powers and interests of the Boards of Health of great cities with those of a State Board of Health that the States of New York, Ohio, and Pennsylvania are yet without State health organizations.

The manner in which this has been adjusted in the present plan seems to be eminently satisfactory, and the general principle upon which it is based, *i. e.*, giving the municipal health organization two forms of representation in the State Board, one by permanent appointment, the other temporary, in matters specially interesting the municipality, is one upon which it is to be hoped that other States will act, and especially those which are as yet unprovided with boards of health.

It is certainly full time that the great State of New York should have some health organization. Upon the existence of properly constituted State boards like the one proposed, boards which shall be charged with the duty of collecting vital statistics; of making scientific investigations and sanitary surveys; of doing away with nuisances beyond the reach of municipality, such, for instance, as the pollution of its sources of water supply at a point beyond its jurisdiction, depends to a great extent the future of sanitary science in this country; and every sanitarian, every educated medical man, and every one who can look far enough beyond the present hour to see that public health organizations are destined soon to become an essential feature of all governments, will do what he can to secure the enactment of such a bill as this.

It is not meant that the bill is perfect in all its details; that cannot be asserted of any public health organization in existence; but the general principles of the bill are correct, and it is sincerely hoped that it may soon become a law and be put into practical operation.

AN ACT TO ESTABLISH A STATE BOARD OF HEALTH.

The people of the State of New York, represented in Senate and Assembly, do enact as follows: Within twenty days after the passage of this act the governor shall appoint, by and with the advice and consent of the senate, three State commissioners of health, two of whom shall be graduates of legally constituted medical colleges in the State, and of not less than seven years' practice of their profession. The said commissioners, together with the attorney-general, the State engineer, and the health officer of the port of New York, who shall be *ex-officio* members of the State board of health, and three other persons, to be designated and appointed by the governor, one of whom shall be a commissioner of health of the board of health of the city of New York, and the others shall be commissioners of health of regularly constituted and organized boards of health of cities of the State, shall constitute "The Board of Health of the State of New York." Nothing in chapter 335 of laws of the State of New York, in the laws amending the same, or in the laws constituting boards of health in the various cities of the State shall be read or construed to prevent the appointment of the said commissioners of boards of health of cities, also members of the board of health of the State of New York, and no appointment to an office or acceptance thereof under this law shall be held to vacate the office previously held in any board of health of any city in this State.

SEC. 2. The said three commissioners so appointed shall take the oath of office prescribed by the constitution for State officers and receive from the secretary of state certificates of their appointment. They shall hold office for three years, and whenever a vacancy occurs the place shall be filled as in other cases provided by law, and the other commissioners shall from time to time be designated by the governor as occasion may require or as their places may be vacated in the board by the expiration of their several terms of office.

SEC. 3. The State board of health shall meet at least once in every three months, and as much oftener as they shall deem necessary, their first meeting being held within two weeks after the appointment duly made of the members of the first board and after they shall have qualified as aforesaid, and each annual meeting to be held within two weeks after the first of May each year after the first, as herein provided. No member of the board except the secretary shall receive any compensation, but the actual traveling and other expenses of the members and officers of said board while

engaged in their duties shall be allowed and paid out of the appropriation made for its support. They shall elect annually one member of the board to be president. They shall also elect, from among their own members or otherwise, a person of skill and experience in public health duties and sanitary science to be the secretary and executive officer of said board, who shall have all the powers and privileges of a member of the board, except in regard to voting upon matters relating to his own office and duties as secretary, and he shall hold said office for the term of three years, but he may be removed for cause, after a full hearing by the board, a majority of the members voting therefor.

SEC. 4. The State board of health may adopt by-laws regulating the transaction of its business, and provide therein for the appointment of committees, to whom it shall delegate authority and power for the work committed to them, and it may also adopt and use an official seal. Six members shall constitute a quorum for the transaction of business.

SEC. 5. The secretary shall keep a record of the acts and proceedings of the board, perform and superintend the work prescribed in this act, and such other duties as the board may order, and shall receive an annual salary of $3,000, which shall be paid him in the same manner as the salaries of other State officers are paid, and such necessary expenses shall be allowed him as the comptroller shall audit on the presentation of an itemized account having vouchers annexed, together with the certificate of the board.

SEC. 6. Said board shall take cognizance of the interests of health and life among the people of the State; they shall make inquiries in respect to the causes of disease, and especially of epidemics, and investigate the sources of mortality, and the effects of localities, employments, and other conditions upon the public health. It shall be the duty of said board to obtain, collect, and preserve such information relating to deaths, diseases, and health as may be useful in the discharge of its duties and contribute to the promotion of health or the security of life in the State of New York. And it shall be the duty of all health officers and boards of health in the State to communicate to said State board of health copies of all their reports and publications; also such sanitary information as may be useful.

SEC. 7. It shall be the duty of the State board of health to have the general supervision of the State system of registration of births, marriages, and deaths. Said board shall prepare the necessary methods and forms for obtaining and preserving such records, and to insure the faithful registration of the same in the several counties and in the central bureau of vital statistics at the capital of the State the said board of health shall recommend such forms and amendments of law as shall be deemed to be necessary for the thorough organization and efficiency of the registration of vital statistics throughout the State. The secretary of said board of health shall be the superintendent of registration of vital statistics of the State. As supervised by the said board the clerical duties and safekeeping of the bureau of vital statistics thus created shall be provided for by the comptroller of the State, who shall also provide and furnish such apartments and stationery as said board shall require in the discharge of its duties.

SEC. 8. At any time the governor of the State may require the State board of health to examine into nuisances, or questions affecting the security of life and health in any locality; and in such case the said board shall have all necessary powers to make such examinations, and it shall report the results thereof to the governor within the limits of the time which he shall prescribe for such examination and report.

The report of such examination, when approved by the governor, shall be filed in the office of the secretary of state; and the governor may, in relation to the matters or things found and certified by the State board of health to be nuisances, declare them to be public nuisances, and order them to be changed as he shall direct, or abated and removed.

Any violation of such an order shall be held and punished as a misdemeanor; and thereafter the governor may, by his order in writing certified under his official seal, directed to officers of the county in which said nuisance shall be situated, require the district attorney, the sheriff, and the other officers of every such county, to take all the necessary measures to execute and to have obeyed the order of the governor.

SEC. 9. At any time at the request of the State board of health, or whenever the governor shall, as hereinbefore provided, have directed an examination and report to be made by the State board of health into any alleged nuisance, any board of health of any city of the State may appoint and select any one of its officers as its representative during such examination of any nuisance; and such representative officer shall have a seat at, and be entitled to take part in, all the deliberations of the State board of health, during such investigation, but without the right to vote.

SEC. 10. Said board may from time to time engage suitable persons to render sanitary service, and to make or supervise practical and scientific investigations and examinations requiring expert skill, and to prepare plans and report relative thereto; and it is hereby made the duty of all officers and agents having the control, charge, or custody, of any public structure, work, ground or erection, or of any plan, description, outlines, drawings or charts thereof, or relating thereto, made, kept, or controlled under any public authority, to permit and facilitate the examination and inspection, and the making of copies of the same by any officer or person by said board authorized; and the members of said board, and such other officer or person as may at any time be by said board authorized, may without fee or hinderance, enter, examine, and survey all grounds, erections, vehicles, structures, apartments, buildings, and places; but no more than $5,000 in any one year shall be expended for such special sanitary service.

SEC. 11. It shall be the duty of said board, on or before the first Monday of December, in each year, to make a report in writing to the governor of this State, upon the vital statistics and sanitary condition and prospects of the State; and such report shall set forth the action of said board and of its officers and agents and the names thereof, for the past year, and may contain other useful information, and shall suggest any further legislative action or precautions deemed proper for the better protection of life and health. And the annual report of said board shall also contain a detailed statement of the comptroller of all money paid out by or on account of said board, and a detailed statement of the manner of its expenditure during the year last past, but its total expenditures shall not exceed the sum of $15,000 in any one year.

SEC. 12. The sum of $15,000 is hereby appropriated from the general fund for the purpose of this act, and the expenditures properly incurred by authority of said board, and verified by affidavit, subject, however, to the limitations hereinbefore imposed, and shall be paid by the treasurer upon the warrant of the comptroller.

SEC. 13. This act shall take effect immediately.

DIABETES INSIPIDUS.—Diabetes insipidus occurs suddenly, is associated with polydipsia, polyuria, and polyphagia. Later in the course of the disease the teeth fall out and prostration and impotence occur. The disease then advances steadily without interruption, and continues 2—6 years, death following, almost without exception, from phthisis pulmonum. Post-mortem section almost always reveals *atrophy of the pancreas*, and that this condition is the cause of diabetes insipidus is now scarcely to be doubted.—*Med. Newigk.*

CORRESPONDENCE.

Messrs. Editors:

As I am advised that the first volume of the "Index Catalogue of Library of the Surgeon-General's Office," now in the hands of the printer, will be out the last of December, 1880, to be distributed *only* to public libraries, institutions, and those who have contributed largely to the library, owing to the smallness of the edition, and as it will be but a little additional expense while in type to strike off a larger edition for more extended distribution among medical men, I would suggest that every physician immediately write their member asking Congress to make an additional appropriation for a larger edition, under a hope that they may be fortunate enough to obtain a copy of this valuable publication, believing they can in no other way better further the objects of said distribution.

Respectfully,

D. S. KIMBALL.

BIBLIOGRAPHICAL.

MATERIA MEDICA AND SPECIAL THERAPEUTICS OF THE NEW REMEDIES.—By Edwin M. Hale, M. D., late Professor of Materia Medica and Therapeutics of the New Remedies in Hahnemann Medical College, Chicago; Professor of Materia Medica in the Chicago Homœopathic College; author of Lectures on Diseases of the Heart, Characteristics of New Remedies, Diseases of Women, etc. Fifth edition; revised and enlarged (thirty-seven new remedies); in two volumes, pp. 901. Boericke & Tafel, New York and Philadelphia; 1880.

It is impossible in the space at our present command to take the notice of this volume which could be dignified by the term "review." The undertaking is too immense, and must be reserved for the future. From a cursory examination we can say that there is no work on the subject which can answer its purpose.

We would like to have seen a simple brief *resume* of characteristics at the conclusion of each subject, and we are glad that many of Dr. Farrington's valuable comparisons are included. Hale's Materia Medica work has been the most *popular* of any, and we have no doubt the present volume will have an extensive sale, as it surely ought. Messrs. Boericke & Tafel maintain their well known reputation in the physical part of the work.

A SYSTEM OF MEDICINE. Edited by J. Russel Reynolds, M. D., F. R. S., with numerous additions and illustrations by Henry Harishorn, A. M., M. D.; in three volumes. Volume I, General Diseases and Diseases of the Nervous System. E. R Pelton, 25 Bond street, New York, agent of Henry C. Lea, Philadelphia.

There are no works upon medicine so thoroughly practical as those emanating from the English and American press. German thought leads to minute pathological investigation, upon which are founded theories which are not unfrequently swept away by the results of experience. We are given the philosophy of disease, with often scarcely a suggestion as it regards treatment. All this is of course most important, and the English and American mind utilizes the facts thus produced in their comprehensive discussion of disease and the treatment. Reynolds' system of medicine was commenced many years ago, and since the issue of the first volume no work on medicine issued from the English or American press has been received with such marked and deserved favor. The object kept in view throughout has been to discuss thoroughly the treatment and cure of disease by men who were experts in each department. Thus we have: Diseases of the Bladder, by Sir Henry Thompson; Malposition of the Uterus, by Grailey Hewitt; Insanity, by Henry Maudsly; Consumption, by J. Hughes Bennett; Diseases of the Spine, by Charles Beard Radcliffe; Alcoholism, by Francis B. Anstie; Affections of the Larynx, by Morrell Mackenzie, ect. All the medical schools in Great Britain have contributed their best men to enrich this magnificent work. The original edition was published in five volumes of five thousand pages. In this edition not only this large amount of matter—by the use of smaller but perfectly clear type and double columns—has been compressed into three volumes of three thousand pages, but the whole work has been thoroughly revised, with the corrections and additions necessary to bring it fully up to the present time. The book has been made more thoroughly American by giving marked prominence to those diseases more common in this country, which are elaborated with great fullness and care.

The completion of the entire work may be expected early in March of the present year. The price has been so reduced in the American edition as to bring it within the reach of all, and we presume it will prove an important addition to the library of every student as he starts out on his professional career.

Dr. Morgan, of Ithaca, has enlarged his *Homœopathic Expositor*, which is published quarterly. It is a live journal, thoroughly practical, and we are glad to hear it is meeting with marked success.

THE URINE OF THE NEW-BORN. Consisting of Practical Studies of the Urine of the New-Born, with Applications to Physiology and the Clinique and Clinical Studies of the Urine of the New-Born in Athrepsia. By J. Parrot, professor of the medical faculty of Paris, physician of the Hospital of Enfants Assistés; and Albert Robin, Interne of the Hospital, etc. Translated from the Archives Générales de Médecin, 1878. By Geo. E. Shipman, M. D. Chicago. Pp. 66. (C. T. Hurlburt, 15 E. 19th St., N. Y.)

A most complete exposition of the subject.

CLINICAL THERAPEUTICS. By Temple S. Hoyne, A.M., M.D., Professor of Materia Medica, etc. Vol. II., Part VIII Containing conclusion of Lachesis, Laurocerasus, Plumbum, Stannum, Cimicifuga, Æsculus, Æthusa, Agaricus, Agnus, Ailanthus, Cepa, Aloes, Ambra, Ammonium muriaticum, Anacardium, Angustura, Antimonium crudum, and Antimonium tartaricum.

We are glad to see this work so regularly and rapidly approaching completion. It is the best index to the *typical* in our clinique.

UTERINE FIBROIDS. By H. F. Biggar, M.D., professor of surgical diseases of women and clinical surgery. Cleveland.

A report of eleven cases cured by surgical aid, electrolysis, and by the use of *Ergot*.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK. Vol. XV., 1879.

No better index of the advancement of the homœopathic profession in the State of New York exists than the annual report of the State Society. The volume before us contains more than the usual number of articles, and a careful comparison with former volumes indicates more than the usual care in their preparation. Some of the most celebrated practitioners and thorough scientists in our school are contributors to this volume, gracing its pages with the results of years of study and extended observation; but we are pleased to notice that some of the finest essays in the volume are from the pens of hitherto unknown authors. While all the articles indicate careful study,

and many of them extended research in medical literature, still it is evident that the great incentive to their production has been a desire to assist others in their efforts to cure disease, and all the contributors seem to have felt that at the present day the great demand is for practical knowledge. In the report of the annual meeting of 1879 appear the extended remarks of Prof. Dowling upon the management of the New York Homœopathic Medical College. Under the report of the Bureau of Materia Medica, Dr. J. J. Mitchell and others contribute valuable papers, and Dr. H. M. Paine gives his *peculiar* views concerning dynamization and the minimum dose.

The report of the Bureau of Clinical Medicine comprises seven papers, the most noticeable of which are a definition of the sphere and action of homœopathy, by Dr. C. A. Blumenthal, and an article entitled "The Secondary or Immediate Causes of Death," by Dr. Walter Y. Cowl. The latter is an exhaustive treatise upon the causes immediately producing death, and will amply repay the reader for the careful study it will require to thoroughly master the details of the article.

The report of the Bureau of Mental and Nervous Diseases is, perhaps, the most valuable part of the book. There are five articles, by Drs. Talcott, Lilienthal, Butler, and Paine, each one of which is thoroughly practical, and all of which are largely the result of *original* investigation. If this bureau continues to make such annual reports as this to the State Society, the Transactions will contain the most valuable "insane literature" of the day.

The report of the Bureau of Surgery comprises four papers, the last of which is "A Contribution to the Antiseptic Treatment of Wounds," by Dr. David Wark. In this article the doctor claims that the application of *officinal dilute alcohol* to wounds as effectually destroys septic germs as the cumbersome and complicated appliances and applications of Lister. The doctor thinks the free application of carbolic acid, as required in Lister's method, likely to be followed by serious toxic effects upon the system.

The report of the Bureau of Obstetrics contains four articles, and the Bureau of Gynæcology five.

The Bureau of Pædology contains five articles. The first, "Diseases of the Umbilicus," by Mrs. J. G. Brinkman, M.D., contains a great amount of information upon a subject not often as well considered in text books. Physicians should remember this article, and turn to it in case of trouble with the umbilicus in a new-born infant. The next article is a careful review of the subject of "Syphilis in Children," by Dr. Sarah J. White.

The Bureau of Ophthalmology, Otology, and Laryngology contains eight articles, all of them good, and all of them by men entitled to speak with authority upon the subjects of which they treat.

The Bureaus of Histology, Climatology and Vaccination are each well sustained.

The report of the Bureau of Vital Statistics consists of an interesting article by its chairman, Dr. A. W. Holden, entitled "Longevity."

The report of the Bureau of Medical Education consists of an article by Dr. J. C. Minor, entitled "Competition in Teaching as a Factor in the Reform of Medical Education." The doctor thinks that in each medical college there should be several professors in each subject taught. This would create a rivalry, and the best teacher would be sure of the most students. He would allow "medical colleges to confer degrees in medicine, but would not allow the titled candidates to practice till they had passed an examination before the State Board of Examiners." It appears to us that Dr. Minor is *sound* in his doctrine on this point.

Under the heading, "Additional Papers," are included seven interesting papers. The first, "Uterine Examinations of Female Insane Patients at the Middletown Asylum, with Results,' by Georgiana Horton, indicates something of what is being done by local treatment for the relief of insane females. These examinations and treatments are conducted, in the Middletown Asylum, entirely by lady physicians.

Dr. E. W. Rogers, in the discussion of "Uterine Displacements, their Causes and Cure," convinces us that he knows whereof he writes. Dr. Rogers recommends a suitable dress, properly worn; the observance of hygienic laws; the abandonment of the pessary; posture and suitable muscular exercises as the means most likely to prevent and cure uterine displacements.

The volume contains 320 pages, but it is so much more closely printed than any of the former volumes that it contains the usual quantity of reading matter. It may be obtained of the Treasurer, Dr. E. S. Coburn, 91 Fourth Street, Troy, N. Y., in paper cover for one dollar or in cloth for one dollar and a half per copy.

H. L. W.

The Clinique: A Monthly Abstract of the Clinics and of the Proceedings of the Clinical Society of the Hahnemann Hospital of Chicago.

We have received the initial number of a thirty-two page periodical, intended as the clinical record of one of the best conducted hospitals in the country. It is a disgrace to our school that institutions of this kind do not furnish more reports of the results of their doings, and we are glad to see that a reform in this particular has really commenced. We sincerely hope that this effort may have the effect of inducing other similar institutions to allow reports of their works to go forth to the profession, which looks anxiously for them.

THE *Hahnemannian Monthly*, the oldest magazine in our school in the United States, has recently passed into the hands of the Hahnemann Club. In the various editorial changes through which this magazine has passed, it has always been ably edited and a favorite with the profession. We wish it the success which it richly merits.

ANOTHER ORGAN.—"The faculty of the College of Physicians and Surgeons, of Buffalo, N. Y.," have issued the first number of "a monthly journal, devoted to the best interests of the profession"—which means, we presume, *the best interests of the college which it represents*—in a handsome dress, and apparently with considerable editorial ability.

OBITUARY.

Frederick Houston Bradner, M.D., died at Middletown, N. Y., aged 31. He graduated at the N. Y. Hom. Med. College in the class of '73, at the time of his death was engaged in a lucrative practice, and was President of the local Board of Health.

The Orange Co. Hom. Med. Society adopted the following resolutions:

Since God in His wisdom has removed our esteemed friend and brother, therefore

Resolved, That in the death of Dr. Fred. H. Bradner we recognize the chastening hand of Him who hath set a bound and limit to every life, and who in His infinite wisdom doeth all things well. We bow, therefore, in reverent submission to this mysterious decree, knowing that from the source of affliction comes also the balm of consolation.

Resolved, That we cherish in pleasant memory the virtues of our deceased brother, and seek, by earnest emulation of those virtues, to perpetuate the name and continue the influence of our departed friend.

Resolved, That, while we would not intrude upon the sacred grief of the home circle, we yet tender our warmest sympathies to the immediate friends of the deceased.

Resolved, That these resolutions be engrossed upon the records of the Society; that a copy be sent to the relatives; and that the local press and HOMŒOPATHIC TIMES, of New York, be also furnished with copies of the same. SELDEN H. TALCOTT, WM. M. BUTLER, } *Committee.*

Dr. Harrison V. Miller, of Syracuse, N. Y., died Nov. 26, 1879, of apoplexy. He was for many years the efficient Secretary of the Central New York Homœopathic Medical Society.

TRANCHAND.—Dr. Jean Francois Regis Tranchand, a well known physician of this city, died on Nov. 15, of apoplexy. He was born at Lille, France, on the 5th of December, 1809. He was one of the veterans of the French democracy and a follower of Fourier. When the *coup d'etat* of 1851 occurred his sturdy republicanism aroused the anger of the Bonapartists, and he was obliged to go into exile. He went first to London, and after remaining there a few years, came to this city, where he established a practice, especially among the French residents. Although a man of varied talents and great learning, he was noted for his modest and retiring demeanor. He made many friends, and never lost the good will of any.

BUMSTEAD.—Dr. Freeman I. Bumstead died at his residence in this city, Nov. 28, of disease of the liver. He was principally known to the profession from his very excellent treatise upon venereal diseases, and from his skill as a specialist in the treatment of venereal troubles.

REPORTS OF SOCIETIES, ETC.

REPORT OF THE MEDICAL BOARD, HOMŒOPATHIC HOSPITAL, W. I.

JANUARY 1, 1879.

Hon. Townsend Cox, President Department of Public Charities and Correction:

SIR: As secretary of the Medical Board, I respectfully submit the following report for the year ending Dec 31, 1878:

Number of patients in hospital, January 1, 1878		390
Admissions during the year		3,129
Total		3,519
Number of patients discharged	3,020	
Number of deaths	197	
Total		3,217
Remaining in hospital		302
Insane		150
		452

These figures indicate a death rate of 5.60 for the year, of which nearly five per cent. is composed of such incurable cases as cancer, apoplexy, Bright's, etc, and phthisis alone is responsible for 120 of the 197 deaths, or 3.41 per cent.

"Table No. 8, p. 75, "Abstract of Diseases Causing Death, 1878," will show the data upon which the above calculation is based.

We are happy to report that the institution has been free from any contagious disease, and erysipelas has not prevailed to any considerable extent.

There are some improvements, which would add greatly to the comfort and safety of patients, which we hope your honorable board will feel justified in authorizing before very long.

The first is the erection of water-closets outside the walls of the institution proper—an undertaking which the hygienic care of our wards imperatively demands.

The second improvement is ventilation, so that this object may be attained without the danger of exposing patients to the drafts of open windows.

The Medical Board refers with pleasure and pride to the small amount of alcoholic stimulants which has been prescribed during the year, the aggregate reaching the small sum of $124.32, while the expenses for drugs has only amounted to $2,365.05.

The clinical advantages have been considerably augmented during the year, and the attendance of students largely increased.

Owing to the distance of this institution from the city, we have been compelled to call upon your honorable board for increased facilities for conveyance, and we gratefully acknowledge in this manner your uniform courteous acquiescence in all reasonable requests, for the general benefit of all concerned.

The house staff has done excellent service during the year, and by the adoption of our proposed graded service we confidently expect still greater efficiency in the year to come.

Owing to declining health, Chief of Staff Austin W. Holden resigned on the first of November.

At a meeting of the Medical Board, held November 14, the following resolution was adopted:

"*Resolved*, That, while in compliance with his request we accept the resignation of Dr. Austin W. Holden as chief of staff of the Homœopathic Hospital, W. I., we cheerfully recognize his claims to our regard and respect as a physician and a gentleman, and bear grateful testimony to his unremitting and conscientious efforts during his entire administration to maintain the discipline and efficiency of the institution over which he has presided"

Dr. E. Cook Webb, nominated by the Medical Board, was duly confirmed by your honorable board as chief of staff, under whose administration the institution still continues to prosper.

To your honorable board we ever confidently turn for the seconding of all measures which tend to the relief of those suffering unfortunates who seek our protecting care, and in behalf of the Medical Board I beg to assure you that our harmonious efforts have resulted largely from the manifest desire upon your parts to maintain the motto "*Pro bono publico*" as your constant guide. Respectfully submitted.

ALFRED K. HILLS, *Secretary*

BUREAU OF PÆDOLOGY.

The Bureau of Pædology of the American Institute of Homœopathy has selected the "Diseases of the Digestive Apparatus" for papers and discussions at the meeting of the Institute to be held in Milwaukee next June. The following order will be observed in the presentation of papers, viz:

W. H. Jenney, M. D., of Kansas City, Chairman—Acute Gastritis, causes, anatomical characteristics and diagnosis. W. Edmonds, M. D.—Prevention and treatment of same.

J. C. Sanders, M. D—Stomatitis, causes, diagnosis, and anatomical characteristics. A. M. Cushing, M. D.—Treatment and prevention of same.

R. J. McClatchey, M. D.—Gastromalacia, anatomical characteristics, diagnosis, and causes. W. Danforth, M. D.—Prevention and treatment of same.

T. C. Duncan, M. D.—Thrush, anatomical characteristics, causes, diagnosis, and treatment.

S. P. Hedges, M. D.—Gangrene of the mouth, anatomical characteristics, causes, diagnosis, prevention, and treatment.

Mary A. B. Woods, M. D.—Dietetic rules to be observed in the treatment of diseases of the digestive organs.

MARRIED.—Dr. Claude R. Norton to Constanza L. Partz. Please accept congratulations.